

Case Number:	CM14-0010528		
Date Assigned:	02/21/2014	Date of Injury:	07/29/2013
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48-year-old female who has submitted a claim for headaches, post concussive syndrome, cervical spine sprain/strain, left wrist sprain/strain, right wrist chronic sprain/strain, lumbar sprain/strain, and stress, anxiety, and depression; associated with an industrial injury date of 07/29/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of frequent headaches, neck pain, and low back pain. Pain is aggravated by movement. Dizziness and decreased vision were also reported. Physical examination showed tenderness over the bilateral levator scapulae, upper trapezius, rhomboids, and lumbar and lumbosacral spines. Range of motion is limited by pain. Hamstring tightness was noted. Motor and sensory testing was normal. An x-ray of the cervical spine, dated 08/16/2013, showed a loss of normal cervical lordosis, slight anterolisthesis of C4-C5, and severe narrowing of C5-C6. CT scan of the head, dated 08/16/2013, was normal. Treatment to date has included medications. Utilization review, dated 01/14/2014, denied the request for neurologist consultation because there were no other documented treatment aside from unspecified medications, there were no CNS findings, or red flags that would warrant neurologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NEUROLOGIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM GUIDELINES, PAGE127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, pg. 127 and 156.

Decision rationale: As stated on pages 127 and 156 in the California MTUS ACOEM Independent Medical Examinations and Consultations chapter, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, patient complains of continued headaches since the date of injury despite medications. However, there is no description as to the onset, frequency, duration, location, and quality of these headaches. Furthermore, CT scan of the head, dated 08/16/2013, was normal. There was also no discussion regarding any trial of treatment modalities in this patient. Therefore, the request for Neurologist consultation is not medically necessary.