

Case Number:	CM14-0124290		
Date Assigned:	08/08/2014	Date of Injury:	04/19/2012
Decision Date:	10/01/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine and Rehabilitation 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:

This is a 46 year old male with a 4/19/2012 date of injury. He had been struck on the left side of the face, injuring his jaw and also experiencing loss of consciousness from this injury. A progress reported dated 6/25/14 noted subjective complaints of pain in the left side of the face and mouth, difficulty chewing his food as well as difficulty hearing in his left ear. Objective findings included mild facial asymmetry with some left sided fullness, tenderness over the left mandible and TMJ (Temporomandibular Joints) region. Cranial nerves 2-12 are intact except for decreased hearing on the left, as well as decreased sensation in the middle and lower trigeminal region. Motor strength is 5/5 upper and lower extremities bilaterally. Sensation is normal. DTRs (deep tendon reflexes) were symmetric. The provider note states that since the patient had loss of consciousness, he will be referred to a neurologist. CT scan of the head performed in 2012 after his injury was reportedly negative. Diagnostic Impression: traumatic brain injury Treatment to Date: none identified A UR decision dated 7/28/14 denied the request for neurologist consultation for LOC (Loss of consciousness). The guidelines recommend a second opinion evaluation in the presence of red flags or debilitating symptoms that failed to improve despite conservative treatments. This was not the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation for LOC (Loss of consciousness): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 18, 166, 171.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 independent medical examinations and consultations page 127, 156 and on the Official Disability Guidelines (ODG) pain chapter

Decision rationale: CA MTUS states that consultations are recommended, and a 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. However, the request for neurologist consultation for loss of consciousness (LOC) refers to an original injury from over 2 years ago. The patient does not currently have any objective neurological deficits, nor does he have a documented history of recurrent unexplained LOC. It is unclear how a neurologist consultation would be of benefit at this time. Therefore, the request for neurologist consultation for LOC was not medically necessary.