

Case Number:	CM14-0152233		
Date Assigned:	09/22/2014	Date of Injury:	01/27/1995
Decision Date:	10/23/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 60-year-old male who reported an injury on 01/27/1995. The mechanism of injury involved a fall. Previous conservative treatment is noted to include medication management. The current diagnoses include diabetes mellitus type 2, status post CVA in 1995, chronic headaches, chronic bilateral shoulder pain, chronic bilateral hip pain, status post myocardial infarction with angioplasty, gastrointestinal symptoms, memory loss, tinnitus, and diplopia. The latest physician progress report submitted for review is documented on 08/19/2014. The injured worker presented with complaints of daily severe headaches with pain in the bilateral shoulders and hips. The current medication regimen includes trazodone, ibuprofen and aspirin. Physical examination revealed 95 degree abduction, 30 degree extension and 95 degree flexion of the right shoulder. The injured worker also demonstrated 100 degree left shoulder abduction, 20 degree extension and 100 degree flexion. Treatment recommendations at that time included a followup evaluation to determine the injured worker opiate rebound headaches. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient diagnostics or services: Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 89-92..

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does present with complaints of persistent, severe headaches. However, the current request does not specify the type of diagnostic or services or the type of consultation required. Therefore, the current request is not medically appropriate.