

<b>Case Number:</b>	CM14-0055546		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/03/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 50 year old male whose date of injury is 02/03/2005. On this date the hood of a vehicle fell on his head. The injured worker is being treated for traumatic brain injury. Note dated 03/26/14 indicates that there has been no change in symptoms since prior evaluation. Neck pain is dull with occasional pain occurring 1-2 times per month and lasting 2-3 days. Memory symptoms have not changed. He denies bowel and bladder dysfunction. The injured worker was recommended for Medic alert membership for when he is lost or disoriented. He is recommended to return to modified work with restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Medic Alert Membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Labor code 4600(a).

**Decision rationale:** Based on the clinical information provided, the request for 1 Medic Alert membership is not recommended as medically necessary. Labor code reports that medical,

surgical, chiropractic, acupuncture, and hospital treatment, including nursing, medicines, medical and surgical supplies, crutches and apparatuses, including orthotic and prosthetic devices and services, that is reasonably required to cure or relieve the injured worker from the effects of his or her injury shall be provided by the employer. The Medic Alert membership being requested is not a medical service for the cure or relief of an industrial injury. Therefore, medical necessity is not established.