

Case Number:	CM14-0187785		
Date Assigned:	11/18/2014	Date of Injury:	09/21/2010
Decision Date:	01/06/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Internal 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 injured worker (IW) is a 33-year-old man with a date of injury of September 21, 2010. The mechanism of injury was not documented in the medical record. The IW sustained a head injury with skull fracture whereby he was comatose for 1 week. Pursuant to the October 20, 2014 progress note, the IW presents with complains of headache and dizziness. The IW states he gets anxiety and difficulty breathing when he starts "thinking of things". If he starts thinking about something else, the symptoms will go away. He denies any other symptoms and is tolerating his medications. Physical examination reveals normal cardiovascular, respiratory, gastrointestinal, musculoskeletal, hematology/lymphatic, genitourinary, skin, endocrinology, allergy/immunology, and psychiatric exams. Neurologic exam was positive for headache. The IW was awake, alert and communicative. Mental status examination was normal. Cranial nerve examination was normal. Motor/sensory examination was normal. The IW was ambulatory with normal posture. The IW was diagnosed with dizziness and giddiness, stable; headache, stable; other unspecified injury to the head, stable; and localized epilepsy with complex seizures, stable. Current medication includes Keppra 750mg 1 tablet in the AM and 1 tablets in the evening. The provider is recommending a referral to internal medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Internal Medicine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM), 2nd Edition, (2004); Chapter 7, Consultations, Page 207

Decision rationale: Pursuant to the ACOEM, referral to internal medicine consultation is not medically necessary. The guidelines state occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise. The consultation should aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual and/or examinee's fitness for return to work. In this case the injured worker is a 33-year-old man with a date of injury September 21, 2010. In this case, the injured worker presents October 20, 2014. He reports headaches and dizziness. The injured worker takes Keppra 750 mg 1 1/2 tablets in the morning and a half a tablet. Physical examination was unremarkable. The injured worker was clinically stable at the time of the examination. The diagnosis was not uncertain or extremely complex. Based on the clinical signs and symptoms of the injured worker at the time of the examination there was no clinical indication to refer the patient to an internal medicine physician. The injured worker was otherwise stable and it is unlikely medication adjustments would be made. Consequently, internal medicine consultation is not medically necessary.

Follow-up visit in 2 months: 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 ACOEM), 2nd Edition, (2004), Chapter 7, page 207 Official Disability Guidelines (ODG); Pain Section, Office visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral for follow up visit in 2 months is not medically necessary. The guidelines state occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, when the plan or course of care may benefit from additional expertise. The consultation should aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual and/or examinee's fitness for return to work. In this case the injured worker is a 33-year-old man with a date of injury September 21, 2010. In this case, the injured worker presents October 20, 2014. He reports headaches and dizziness. The injured worker takes Keppra 750 mg 1 1/2 tablets in the morning and a half a tablet. Physical examination was unremarkable. The injured worker was clinically stable at the time of the examination. The diagnosis was not uncertain or extremely complex. Based on the clinical signs and symptoms of the injured worker at the time of the examination there was no clinical indication to refer the patient to an internal medicine

physician. The injured worker was otherwise stable and it is unlikely medication adjustments would be made. Consequently, internal medicine consultation and follow up in 2 months is not medically necessary.