

Case Number:	CM14-0207412		
Date Assigned:	12/19/2014	Date of Injury:	04/20/2011
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/11/2014

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 Neurology, and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 59-year-old with a date of injury of 3/9/2011. The mechanism of injury is not clarified in the medical record. There is a clinical evaluation dated 10/20/2014. During this evaluation, the injured worker complains of pain in her neck and back. She is having a hard time getting around due to her pain. She also complains and this clinical note of a lot of headaches and dizziness which is a relatively new symptom for her but is becoming more frequent. On physical exam she is limping. She has stiffness and spasm in the lower lumbar spine. She has stiffness and spasm of the cervical spine with decreased range of motion. The patient has undergone lumbar epidural steroid injections without improvement in her pain. She has participated in physical therapy and has undergone activity modification for her neck and back pain. There is no description in the medical record to further elaborate on her symptoms of headaches and dizziness. There is no mention of a treatment plan for her headaches and dizziness in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Evaluation and Treat: 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, Examination and Consultations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date Guidelines, 2015, Acute Treatment of Headache, Acute Treatment of Vertigo

Decision rationale: Up-to-date documents an approach to treatment for headaches in adults which ranges from the use of simple analgesics such as non-steroidal anti-inflammatory drugs to triptans and anti-emetics. General recommendations for the treatment of acute headache include: Educating migraine sufferers about their condition and encouraging patient's to participate in their management as well as to consider a self-administered rescue medication for patients that do not respond well to simple analgesics. Up-to-date further documents that vertigo is caused by a number of conditions that affect the peripheral vestibular apparatus in the inner ear or the central nervous system. Treatment of underlying disease may diminished the symptoms of vertigo or alter the disease course. In the case of for the injured worker, there is documentation of headaches and dizziness which is a relatively new symptom but becoming more frequent. There is no description in the medical record to describe the frequency, potential triggers, and duration of the symptoms. There is no clinical description to categorize the symptoms nor is there a treatment plan or a description of treatments tried to clinically help the symptoms thus far. Therefore, based on the guidelines and a review of the evidence, a decision for a neurologist evaluation and treatment is not medically necessary.