

Case Number:	CM15-0107200		
Date Assigned:	06/12/2015	Date of Injury:	06/05/2012
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/04/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 40-year-old female who sustained an industrial injury on 6/5/12. Injury occurred when she was placing a sack of carrots on a dolly, and the handle of the dolly bounced back and struck her on the left side of the head, in the frontal region. She had swelling and bruising but did not lose consciousness. She was evaluated in the emergency room and CT scans and x-rays were normal. She was diagnosed with closed head injury and cervical strain. The 2/4/13 cervical spine MRI impression documented mild levoscoliosis of the cervical spine, small disc protrusions from C3/4 through C6/7 without evidence of canal stenosis or cord compression, and no evidence of neuroforaminal stenosis. The 3/25/15 neurologic medical legal report indicated that the injured worker had been previously evaluated by two neurologists but had never received specific treatment for headache prophylaxis. A 90-day trial of low dose amitriptyline and titration was recommended. The 4/15/15 treating physician report cited grade 9/10 left knee pain, grade 7/10 low back pain radiating into the lower extremities, grade 5/10 neck pain, and grade 3/10 left shoulder pain. Medications included hydrocodone, Ambien, and cyclobenzaprine. Physical exam documented tenderness over the cervical spine and bilateral occiput with cervical and trapezius muscle spasms. There was lumbar tenderness and paraspinal muscle spasms. Neurologic exam was reported unchanged. The diagnosis included lumbar spondylosis L1, left knee lateral meniscus tear with patellar subluxation, and cervical pain with upper extremity symptoms. The treatment plan included request for left knee arthroscopy, physical therapy for the lumbar spine, continued medications, and work restrictions. Authorization for follow-up with a neurologist was requested to further evaluate headaches. The

5/29/15 utilization review non-certified the request for neurology follow-up for headaches as there was no documentation of a neurologic exam or initial conservative treatment trial and failure documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist follow up consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have been met. This injured worker presents with persistent headaches. A recent neurological medical legal evaluation recommended a 90-day medication trial for headache prophylaxis. The recommended treatment would not generally be handled by an orthopaedic surgeon. Referral to a neurologist is reasonable and consistent with guidelines. Therefore, this request is medically necessary.