

<b>Case Number:</b>	CM15-0139221		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

This injured worker is a 62-year-old male who sustained an industrial injury on 9/24/09. Injury occurred when he fell 16 feet and sustained a back injury with no loss of consciousness. The 3/9/15 neurologic follow-up report cited on-going headaches. He reported headaches were constant 8-10/10 without Topamax, and with this medication they were grade 6-7/10 for about 6-7 hours during the day on a cumulative basis. Physical exam documented the injured worker was alert and oriented with good language and memory functions. There were trace to 1+ and symmetric reflexes with bilateral flexor plantar responses, normal coordination, absent Romberg's sign, and normal gait. The diagnosis was post-concussive syndrome with on-going headaches responsive to Topamax. The treatment plan recommended continued Topamax and a basic metabolic panel to make sure his CO2 levels were not dropping. Follow-up was noted in 3 months or sooner. The 3/16/15 treating physician report cited on-going chronic neck and back pain. He saw the pain management physician who was ordering some tests. He continued to take multiple medications including Vicodin, Topiramate, benazepril, zolpidem, gabapentin, meloxicam, and tizanidine. She has not been working. He was performing home exercise. The diagnosis was degenerative disc disease cervical, thoracic, and lumbar spine with chronic neck, mid and lower back pain, and degenerative instability at L4/5. The patient had continued back pain and the treating physician report indicated that he was requesting transfer of care to the pain management physician as he was no longer seeing workers compensation patients. Medications were refilled and he was to continue his home exercise program. Authorization was requested for a second opinion neurology evaluation. The 6/18/15 utilization review non-certified the request for a second opinion neurology evaluation as there was no documentation of

complexity of diagnosis and/or management, no documentation of the reasons why the initial neurology consult was unsatisfactory. (In addition, the requesting provider had transferred the case to another provider as of 5/15/15 and the new provider may have different approaches).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Second opinion neurology evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 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. This injured worker is currently under treatment with a neurologist and a pain management physician. There is no compelling rationale presented by the treating physician to support the medical necessity of an additional consultation with a neurologist. There is no evidence that the plan or course of care could benefit from additional expertise. Therefore, this request is not medically necessary at this time.