

Case Number:	CM15-0149998		
Date Assigned:	08/13/2015	Date of Injury:	04/07/2015
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	08/03/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 63 year old male who sustained an industrial injury on 04-07-15. Initial complaints and diagnoses include syncope. Treatments to date include medications. Diagnostic studies include EKGs, laboratory studies, a stress test, CT scan and carotid Doppler studies. Current complaints include unspecified pain. Current diagnoses include syncope. In a progress note dated 05-19-15 the treating provider reports the plan of care as a neurological evaluation for Syncope, as well as Hydralazine. The requested treatment includes a neurology consultation, evaluation, and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to neurology for consult, evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Requesting provider and other treating physicians has completed extensive workup of patient with no noted cardiac cause for syncope. While most syncope is benign, a consultation by a neurologist is indicated. However, the request is an open ended request that is not appropriate. The request would allow the neurologist to order any test or treatment without review which is not appropriate and cannot be approved. Utilization Review approved initial consultation which is approved. The requested "Referral to neurology for consult, evaluation and treatment" is not medically necessary.