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| Case Number: | CM15-0184649 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 02/25/2005 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 59 year old male who sustained an industrial injury on 02-25-2005. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus and right medial meniscus tear. According to the treating physician's progress report on 09-04-2015, the injured worker continues with pain and discomfort with decreased activities of daily living, limited range of motion and problems walking. Some of the medical records submitted with the review are difficult to decipher. The objective findings noted a decreased effusion, range of motion at 0-120 degrees with positive McMurray's and positive crepitation. On 08-03-2015 the injured worker complained of dizziness without further objective findings. The patient has had history of positive SLR, muscle spasm, tenderness on palpation, over lumbar spine. Prior treatments have included individual and group psychotherapy sessions, cognitive behavioral therapy (CBT), gastrointestinal (GI) consultation and treatment, dental consultation and medications. Current medications were not noted. A gastrointestinal (GI) consultation dated 07-27-2015 listed medications as Hydrocodone, Tizanidine, Xanax, Fioricet, Temazepam, Gaviscon, Bentyl, an antidepressant (possibly Celexa) and Omeprazole. The patient had a history of anxiety. The patient had received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Neurologist for vertigo: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7, Independent Medical Examination and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists 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." The details of the symptom of dizziness were not specified in the records provided. Imaging studies related to the dizziness were not specified in the records provided. Basic blood tests to evaluate dizziness were not specified in the records provided. The response of the dizziness to adjusting his sedating medicines is not specified in the records provided. The medical necessity of the request for Consult with Neurologist for vertigo is not fully established for this patient at this time, given the records provided. Therefore, the request is not medically necessary.