

Case Number:	CM15-0194276		
Date Assigned:	10/08/2015	Date of Injury:	08/24/2015
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/02/2015

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: Preventive Medicine, Occupational 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:

This injured worker is a 54 year old male, who sustained an industrial injury on 08-24-2015. The injured worker was diagnosed as having headache- right tinnitus and neck sprain - eye problem. On medical records dated 08-27-2015 and 09-02-2015, the subjective complaints were noted as intermitting headache, neck pain, ringing in ears, blurred vision, and eye twitching. Objective findings were noted as cervical spine revealed tenderness to palpation, active range of motion was limited and guarded. Unable to do Spurling's test on left due to pain in the right paraspinals. Treatments to date included medication, CT Cervical spine of the without IV contrast on 08-27- 2015 revealed no acute findings, MRI of Brain, without contrast, MRA Brain and MRA of neck on 09-02-2015 revealed MRI of brain was normal, unremarkable MRA of the circle of Willis, no intracranial large vessel occlusion or significant stenosis and normal MRA of the neck was noted. Current medications were listed as Ibuprofen and Tylenol. The Utilization Review (UR) was dated 09-17-2015. A request for neurology consultation for the head, neuropsych consultation for the head, MR angiogram of the head and MR angiogram of the neck was submitted. The UR submitted for this medical review indicated that the request for neurology consultation for the head, neuropsych consultation for the head, MR angiogram of the head and MR angiogram of the neck was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation for the head: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127; Official Disability Guidelines, Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: According to the MTUS, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined elsewhere in Cornerstones of Disability Prevention and Management, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. ACOEM Guidelines referral criteria stipulate that a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. The medical record has sufficient documentation of neurological signs and symptoms that appear to be originating from the head which does support a referral request. I am reversing the previous UR decision. Neurology Consultation for the head is medically necessary.

Neuropsych consultation for the head: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychological Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Neuropsychological testing.

Decision rationale: According to the Official Disability Guidelines, neuropsychological testing is recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. The patient has not yet been evaluated by a neurologist. There is no documentation of symptomatology suggesting the need for neuropsychological testing. Neuropsych consultation for the head is not medically necessary.

MR Angiogram of the head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, MRA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, (trauma, headaches, etc., not including stress & mental disorders), MRA (magnetic resonance angiography).

Decision rationale: According to the Official Disability Guidelines, cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. MRI of Brain, without contrast, MRA Brain and MRA of neck on 09-02-2015 revealed MRI of brain was normal, unremarkable MRA of the circle of Willis, no intracranial large vessel occlusion or significant stenosis and normal MRA of the neck was noted. There is no documentation of the above indications in the medical record. MR Angiogram of the head is not medically necessary.

MR Angiogram of the neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, (trauma, headaches, etc., not including stress & mental disorders), MRA (magnetic resonance angiography).

Decision rationale: MR Angiogram of the neck is included as a component of an MRA of the head and as such, is covered in the following reference from the Head chapter of the ODG. According to the Official Disability Guidelines, cerebral angiography has a role in demonstrating and managing traumatic vascular injuries such as pseudoaneurysm, dissection, or diagnosis and neurointerventional treatment of uncontrolled hemorrhage. Vascular injuries typically occur with penetrating trauma (i.e., gunshot wound or stabbing), basal skull fracture, or trauma to the neck. Indications for magnetic resonance angiography: Closed head injury, rule out carotid or vertebral artery dissection. Penetrating injury, stable, neurologically intact. Minor or mild acute closed head injury, focal neurologic deficit and/or risk factors, if vascular injury is suspected, for problem solving. MRI of Brain, without contrast, MRA Brain and MRA of neck on 09-02-2015 revealed MRI of brain was normal, unremarkable MRA of the circle of Willis, no intracranial large vessel occlusion or significant stenosis and normal MRA of the neck was noted. There is no documentation of the above indications in the medical record. MR Angiogram of the neck is not medically necessary.