

Case Number:	CM15-0201177		
Date Assigned:	10/16/2015	Date of Injury:	11/10/2013
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina

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 54 year old female, who sustained an industrial injury on 11-10-2013. The injured worker was diagnosed as having closed head trauma with loss of consciousness, rule out post concussion syndrome, contusion of face, scalp and neck, cervical radiculopathy, cervical neuropathy, solitary left frontal subcortical white matter focus, cervical spine disc protrusion, cervical spine anterolisthesis, cervical spondylosis, cervical myospasms, chest wall contusion, lumbar spine degenerative discogenic spondylosis at L2-3, lumbar spine disc desiccation at L5-S1, L4-5 broad-based central disc protrusion, L5-S1 broad-based left paracentral disc extrusion, right mild carpal tunnel syndrome, adjustment disorder with mixed anxiety and depressed mood, and insomnia. Treatment to date has included diagnostics and medications. On 8-14-2015, the injured worker complains of constant upper back pain with radiation to the bilateral shoulders, associated with numbness and tingling (rated 7 out of 10), and constant low back pain (rated 7 out of 10). She also reported constant headaches (rated 7 out of 10), radiating to the left side of her face, noting that her face is numb frequently, associated with memory loss. Her general appearance noted slight distress, with a normal affect and normal gait. Cranial nerves 2-12 were intact and she had hypesthesia on the right side of her face. Pupils were equal and reactive and Romberg test was negative. Her abdomen was soft and non-tender. Exam of the cervical spine noted slight anterior head carriage, hypolordosis, tenderness to palpation with spasm of the suboccipitals and upper trapezius muscles, and tenderness of the C6-7 processes. Spurling's, compression, and distraction tests were positive. Exam of the thoracolumbar spine noted tenderness to palpation with spasms of the lumbar paraspinals,

limited range of motion due to pain, strength 2+ of 5 (unspecified), and positive sitting root test. The treating physician documented that electromyogram and nerve conduction studies of the bilateral upper extremities (7-17-2015) showed "normal EMG" and "abnormal NCV which does show right mild carpal tunnel syndrome". She was given Motrin, Cymbalta, Protonix, and two transdermal compounds. Her work status was total temporary disability. The treating physician referenced an Agreed Medical Examination Report (Neurology 3-12-2015-not submitted) noting recommendation for Internal Medicine evaluation for future medical treatment of her headaches in the progress report dated 7-08-2015. The treatment plan included a consultation with Internal Medicine, non-certified by Utilization Review on 9-15-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internal medicine: Upheld

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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Assessment.

Decision rationale: CA MTUS Guidelines, Chapter 7, Independent Medical Evaluations and Consultations, is referenced for this request. This patient suffered head trauma with loss of consciousness, facial contusions, subsequent radiculopathy and neuropathy and cervical disc protrusion. Recent clinical evidence is not provided regarding the request for an internal medicine consult for headache. Current signs, symptoms, diagnoses or other management plans are not provided. The rationale for an internal medicine consult is not provided. Based on the lack of information provided, the medical necessity of the request is not established.