

<b>Case Number:</b>	CM15-0053584		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	01/04/2015
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: North Carolina, Georgia  
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 46 year old male who sustained an industrial injury on 1/4/15. The injured worker reported symptoms of a head injury. The injured worker was diagnosed as having contusion, unspecified. Treatments to date have included nonsteroidal anti-inflammatory drugs. Currently, the injured worker complains of a head injury. The plan of care was for a referral and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for Treatment Specialist Physiatrist (In House) Transfer of Care:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the submitted medical records describe a resolution of the acute phase of symptoms with persistent complaints of chronic discomfort and subjective vision changes.

Consultation with a physical medicine and rehabilitation (physiatrist) specialist is medically indicated given the complexity of ongoing symptoms. Therefore, the requested treatment is medically necessary.