

Case Number:	CM15-0055800		
Date Assigned:	03/30/2015	Date of Injury:	03/31/2014
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 44-year-old male injured worker suffered an industrial injury on 03/31/2014. The diagnoses included cervical and lumbar spine strain/sprain and right shoulder strain/sprain. The diagnostics included pulmonary functions, EEG, sleep study and magnetic resonance imaging of the neck and lower back. The injured worker had been treated with physical therapy, acupuncture and medications. On 2/23/2015, the treating provider reported pain and tenderness of the cervical, thoracic, lumbar spine, right shoulder all with restricted range of motion. He also complained of vision deterioration. The treatment plan included Neurology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation, QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 112, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 1 Prevention Page(s): 1 and 93.

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. Documentation states that patient has neck and back pains, Consultation is noted to be due to "blunt head trauma" but there is not a single documentation mentioning head injury and patient has no headache or any other head related complaint. Request is no appropriate or not supported by documentation. Consultation with neurology is not medically necessary.