

<b>Case Number:</b>	CM15-0057379		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/24/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 68 year old male, who sustained an industrial injury on 7/24/1997. The medical records submitted for this review failed to include the details regarding the initial injury and prior treatments to date. Diagnoses include head injury, speech disorder, chronic cervical strain, chronic lumbar strain, and right shoulder rotator cuff tear. Currently, they the reported small seizures with staring spells and related issues in the fall of 2014, denying any big seizure in one or two years. The injured worker had limited speech and wore a right wrist brace. The documentation indicated use of Dilantin as anti-epileptic therapy. On 2/19/15, the neurologist documented that the seventy two (72) hour ambulatory EEG was necessary to provide adequate care and requested the authorization for the transfer of care. Although laboratory evaluations for therapeutic drug treatment levels were ordered, no further office visits were scheduled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Transfer of care:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** The patient was injured on 07/24/1997 and presents with small seizures with staring spells and related issues in the fall of 2014. The request is for one transfer of care. The utilization review denial rationale is that "since it is the patient's legal right to choose a primary treating physician at this point in care, a transfer of care is not something that can be authorized or denied within the scope of utilization review." The RFA is dated 02/19/2015. The patient is to return to modified work on 01/29/2015. ACOEM Practice Guidelines, Second Edition (2004) page 127 has the following, "The occupational health practitioner may refer to other specialists if the 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 02/19/2015 report states, "Somebody who has potential epileptic and ongoing seizures that without proper diagnostic studies, close care, blood testing, and potentially changes in medications, this is insufficient to alleviate and care for this individual. Kindly expedite the transfer of care. No further appointments are made." Given the patient's condition, it appears that the treater would like additional expertise from another physician. Therefore, the requested transfer of care is medically necessary.