

Case Number:	CM14-0125773		
Date Assigned:	08/13/2014	Date of Injury:	11/04/2013
Decision Date:	11/14/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 year old male who was injured on 11/04/2013 when he fell to the floor. Prior treatment history has included Naproxen, Alprazolam, flurbiprofen, and Gabapentin cream. CT scan of the head dated 06/09/2014 revealed a negative study. Progress report dated 07/15/2014 indicates the patient presented with complaints of pain and locking in his knees, right greater than left. He also reported headaches involving the right occipital area and spreads posteriorly and can be generalized at times. He had a CT of the brain, which was negative. On exam, the patient is alert and oriented. He has intact speech without dysarthria or dysphasia. His TMJ's (Temporomandibular Joints) are tender bilaterally. He has bilateral TMJ pain and occipital nuchal tenderness bilaterally. On neurological examination, his reflexes are 2+ bilaterally and symmetrical. The ankle reflexes are 1-2+ bilaterally. He is diagnosed with posttraumatic headaches consisting of pain from bilaterally TMJ syndrome and also possible cervicogenic headache related to the patient's neck symptoms. The patient was recommended for a neurological consult. Prior utilization review dated 07/08/2014 states the request for Neuro consult is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Chapter 7 Consults

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7 - Independent Medical Examinations and Consultations pages 503-524

Decision rationale: According to MTUS guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In this case, a request is made for a neuro consult for a 56-year-old male with chronic headaches status post head contusion on 11/4/13. However, the patient already had a brain MRI, brain CT and previous neurology consultation with treatment recommendations. There is also a concurrent request for neurology follow-up. Medical necessity for a repeat neurology consult is not established.