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| Case Number: | CM14-0134381 | | |
| Date Assigned: | 08/27/2014 | Date of Injury: | 10/12/2012 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 08/13/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 Emergency 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 injured worker with a reported date of injury on 10/12/2012. Mechanism of injury is described as a trip and fall onto head. The injured worker has a diagnosis of mild traumatic brain injury, chronic mixed headaches, depression, cervical disc disease/spondylosis and cervical stenosis. Medical records reviewed. Last report available until 8/12/14. Reportedly doing well for headaches. Occipital blocks, Amitriptyline and Cambia is effective. Less frequent headaches, has poor memory. Objective exam reveals normal cranial nerve function, normal strength. No spasticity. Tenderness to cervical paraspinal and limited range of motion. Cervical rotation limited by pain. A letter dated 7/25/14 states that patient has memory problems and has been missing appointments since her case manager was taken off the case. Patient does not remember her appointments and is having a hard time with her medical care. MRI of Cervical spine (2/6/14) revealed multilevel facet arthropathy, degenerative disease, and moderate neural foraminal stenosis at C4-5 on L side and bilaterally at C5-6. Patient has reportedly completed physical therapy. "Tries to remember" to perform home exercise. Medications include Norco, Cambia and Amitriptyline. Independent Medical Review is for "Nurse case manager". Prior UR on 8/13/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nurse case manager: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 90.

Decision rationale: As per MTUS ACOEM recommendation, a nurse case manager may be recommended when case of recovery require close management rather than simple care. Patient requires consultation and management with multiple specialties and has forgotten appointments with the appropriate consultants once the prior case manager was removed from service. Patient's condition requires close management with appropriate consultants and treatment modalities that is above the patient's current ability to perform due to injury. A Nurse Case Manager is medical necessary.