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| Case Number: | CM14-0141029 | | |
| Date Assigned: | 09/08/2014 | Date of Injury: | 12/05/2011 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/23/2014 |
| Priority: | Standard | Application Received: | 08/28/2014 |

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 Family 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:

42 years old male claimant sustained a work injury on 12/5/11 involving the head, neck and back with loss of consciousness. He sustained a subarachnoid contusion and a skull fracture of the left posterior occiput. He was additionally diagnosed with post-concussive syndrome, lumbar and cervical strain. A progress note from an Orthopedic surgeon on 7/31/14 indicated the claimant had 10/10 headaches and 7/10 back pain. Exam findings were notable for cervical spine strain. Tenderness to palpation in the paraspinal region and restricted range of motion. The physician recommended a neurology consultation for headaches and loss of smell. The claimant had a previously seen a neurologist on 7/8/14 indicated a request for a brain MRI and use of Excedrin for headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Jan. 84p.

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) Specialist Consultation and page 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant had already seen a neurologist. There was no indication of new clinical findings or imaging results that would necessitate another consultation. There was no indication of the response to previously recommended Excedrin. As a result the request for a neurologist consultation is not medically necessary.