

Case Number:	CM14-0162178		
Date Assigned:	10/07/2014	Date of Injury:	06/14/2010
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 is a 48-year-old male who reported an injury on 06/14/2010. The mechanism of injury was not provided. The injured worker's diagnoses include stenosis of the lumbar spine, sciatica, tension headache, cervical spondylosis without myelopathy and pain in the lower leg joint. The injured worker's past treatments included medications and psychological therapy. The injured worker's diagnostic testing included official MRI of the brain on 09/03/2014, which revealed a negative MRI of the brain. The injured worker's pertinent surgical history was not provided. On the clinical note dated 10/09/2014, the injured worker complained of increased pain. The injured worker was restricted to lifting 10 pounds, restricted in squatting, kneeling, and had to alternate between standing and sitting as needed by pain was noted in the medical records. On the clinical note dated 10/16/2014, the injured worker's medications included hydrocodone/BLT/APAP 5/325 mg 1 twice daily as needed for pain, Topiramate 25 mg 4 tablets at night, Anaprox 550 mg 1 every 12 hours with foo/anti-inflammatory, and Butrans 10 mcg per hour patch 1 every 7 days for pain. The request was for a neurology consultation to review MRI of the brain. The rationale for the request was for severe headaches and loss of balance. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult to review MRI of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar (updated 8/22/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Office Visit

Decision rationale: The request for neurology consult to review MRI of his brain is not medically necessary. The injured worker is diagnosed with stenosis of the lumbar spine, sciatica, tension headache, cervical spondylosis without myelopathy, and pain in the lower leg joint. Official Disability Guidelines recommend office visits as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnoses and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opioids or medicines such as certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. There is a lack of documentation indicating medical necessity for a neurology consult to review the MRI of the brain. The rationale was stated to be for severe headaches and loss of balance. The injured worker has a diagnosis of tension headaches; however, the medical records do not indicate the efficacy of the medication regimen, lack of documentation indicating the severity of the tension headaches, as well as frequency. There is a lack of documentation of significant findings of neurologic deficit upon physical examination. Medical necessity has not been established for neurological consult to review MRI of the brain, based on the provided documentation. As such, the request for neurology consult to review MRI of the brain is not medically necessary.