

Case Number:	CM15-0011212		
Date Assigned:	01/28/2015	Date of Injury:	05/12/2014
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/20/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 44 year old female, who sustained a work/ industrial injury as a machine operator on 5/12/14. The IW reported that she lifted up her head and hit it on a piece of metal on the machine. She has reported symptoms of headaches, right facial pain and numbness, buzzing in the right ear, nausea and dizziness along with burning, radicular neck pain and muscle spasms. There was numbness and tingling in the upper extremities. Pain was rated 7/10 and aggravated with head movements. Prior medical history includes hypotension. The diagnoses have included head injury, headaches, right ear tinnitus, contusion of face, scalp, and neck, and cervical spine radiculopathy. The treating physician's examination on 7/15/14 noted tenderness to palpation at the occiputs, rhomboid, trapezius, sternocleidomastoid and levator scapula muscles on the right side with trigger points. There was some limited range of motion of the cervical spine. Sensation was diminished over C5-C8 and T1, motor strength was 4/5 in the upper extremity muscle groups, and reflexes were symmetrical at 2+. Treatment to date has included oral and topical pain medication, acupuncture, chiropractic manipulation, Transcutaneous Electrical Nerve Stimulation (TENS) unit for home, Ear/Nose/Throat specialist for the right ear, diagnostics. On 12/31/14, Utilization Review non-certified a (1) Consult/Re-Evaluation, noting the California Medical treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation/Re-evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The documentation indicates that neurological consult was requested for black hairy tongue and trigeminal neuralgia as well as right ear tinnitus. Per progress report dated 12/2/14, the injured worker complained of headaches, pain at the right side of her face, numbness of her face, nausea and dizziness. The UR physician provided no rationale for denial. The request for consultation is supported by the documentation. The request is medically necessary.