

Case Number:	CM15-0122071		
Date Assigned:	07/06/2015	Date of Injury:	03/30/2015
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/24/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 45-year-old male, who sustained an industrial injury on 3/30/2015. He reported pain in his left leg, lower back, head and right elbow due to falling. Diagnoses have included closed head trauma without loss of consciousness, cervical spine sprain/strain, thoracic spine sprain/strain and lumbar spine sprain/strain. Treatment to date has included chiropractic treatment and medication. According to the progress report dated 5/18/2015, the injured worker complained of cervical spine pain rated 7-8/10 with right upper extremity radicular pain. He complained of thoracic spine and lumbar spine pain rated 7/10 with bilateral lower extremity radicular pain and numbness. He complained of right elbow pain rated 5-6/10. He complained of constant headache, dizziness and tinnitus. The injured worker was temporarily totally disabled. Physical exam showed no focal neurological deficit C4-T1. Authorization was requested for a neurology consult for closed head trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation for Closed Head Trauma without Loss of Consciousness:

Overtaken

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 127 (2004 2nd edition).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the referring physician is requesting a consult to further evaluate neurological deficits that are not responding to conservative treatments. The request for Neurology consultation for closed head trauma without loss of consciousness is medically necessary.