MAXIMUS Federal Services

Case Number:	CM15-0176126		
Date Assigned:	09/17/2015	Date of Injury:	08/11/2015
Decision Date:	12/15/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old male who sustained an industrial injury on 8-11-2015. A review of the medical records indicates that the injured worker is undergoing treatment for contusion-head trauma, sprain-strain of cervical spine, muscle spasms at cervical spine, posttraumatic cephalgia, tinnitus bilaterally and vertigo. Per the Doctor's First Report of Occupational Injury or Illness dated 8-14-2015, the injured worker reported headaches, dizziness and ringing in his ears. According to the progress report dated 8-27-2015, the injured worker complained of painful head, forehead, right check and neck with spasms. Per the treating physician (8-14-2014), the injured worker was able to perform usual work. Objective findings (8-27-2015) revealed "pain, tenderness and swelling; no redness or ecchymosis; NEURO: CN II-XII = NL." Treatment has included diagnostic testing and wound care to face abrasions. The physician noted (8-14-2015) that computed tomography of the head dated 8-11-2015 was a normal examination. The original Utilization Review (UR) (9-8-2015) denied a request for consultation with a neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Consultation with Neurologist: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

Decision rationale: The patient presents with head, forehead, right cheek, and neck pain. The request is for 1 consultation with neurologist. The request for authorization form is not provided. MRI of the brain, 09/23/15, shows minimal diffuse cerebral atrophy. CT of the cervical spine, 08/11/15, is unremarkable. CT of the head, 08/11/15, is unremarkable. Patient diagnoses include contusion/head trauma, concussive; sprain/strain of c-spine; open wound forehead, 2.6cm; muscle spasms; contusion of forehead, right cheek; abrasion at forehead, right cheek; post traumatic cephalgia; tinnitus bilaterally; vertigo. Physical examination reveals pain, tenderness, and swelling. No redness or ecchymosis. Audiogram decreased in both ears. Still headaches. Per progress report dated 10/29/15, the patient is returned to full duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. Treater does not discuss the request. In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Consultation with Neurologist. The patient continues with head, forehead, and cheek and neck pain. Given the patient's symptoms, diagnosis, and physical exam findings, a Consultation with Neurologist may contribute to improved management of symptoms. Therefore, the request is medically necessary.