

Case Number:	CM15-0061791		
Date Assigned:	04/07/2015	Date of Injury:	04/17/2012
Decision Date:	05/06/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on April 17, 2012. He reported three head injuries, headaches, neck pain, memory and thinking problems and low back pain. The injured worker was diagnosed as having a stroke, closed head injury, multiple concussions with post concussive syndrome, cognitive, mood impairment and left labyrinthine concussion, cervical strain, two cerebrovascular events with associated dysthesia of the right arm and face, low back pain and migraine headaches. Treatment to date has included medications and work restrictions. Currently, the injured worker complains of headaches, neck pain, memory and thinking problems and low back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the complaints. Evaluation on March 5, 2015, revealed continued symptoms as noted. An evaluation for a brain injury program was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eval at [REDACTED] **brain injury program:** Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist 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. A referral may be for 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has a history of head injury and stroke. The patient has continued neurologic and cognitive complaints/symptoms. Therefore, consult is medically necessary and approved.