

<b>Case Number:</b>	CM15-0071948		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 (IW) is a 50-year-old male who sustained an industrial injury on 02/14/2014. Diagnoses include post-concussion syndrome, as noted in the Follow-Up Consultation by the treating provider on 2/11/15. The description of the occurrence that caused the injury, according to the Orthopedic Agreed Medical Evaluation on 2/5/15, cited the IW was hit on the head by an eight foot wooden plank when he fell; the IW complained of constant headaches on the top and back of his head, dizzy spells, forgetfulness and loss of memory. Treatment to date has included medications, physical therapy and acupuncture. According to the progress notes dated 2/24/15, the IW reported significant right shoulder pain, left ankle swelling and pain and central nervous system side effects of the injury, including headaches. The Follow-Up Consultation dated 1/21/15 stated the IW complained of headache, head pain and cognitive changes. A request was made for neurological consultation to evaluate headache and cognitive changes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological Consultation to Evaluate Headache and Cognitive Changes:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** Guidelines state that a patient may be referred to other specialists if a diagnosis is uncertain or extremely complex, when psychological factors are present or to aid in diagnosis, prognosis, therapeutic management, medical stability, and permanent residual loss. In this case, the documentation does not include evidence that the patient has headaches or cognitive changes. IT also does not provide details of the symptoms nor the frequency or effects of medications. There are no red flags. The request for neurosurgical consultation is not medically appropriate and necessary.