MAXIMUS Federal Services

| Case Number: | CM15-0079442 | | |
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| Date Assigned: | 04/30/2015 | Date of Injury: | 08/15/2014 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

## 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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female, who sustained an industrial injury on 08/15/2014. She reported that she pulled open a roller map with a steel rod, which fell and hit her head and face. The injured worker was diagnosed as having neck strain, back strain, closed head injury with brief loss of consciousness, resolved facial contusion, headache, and postural dizziness. Treatment to date has included electroencephalogram, vestibular therapy, neurology consultation, and ophthalmology consultation. In a progress note dated 04/03/2015 the treating physician reports complaints of headaches that make it unable for her to read along with continued dizziness especially when she showers or walks up and down stairs. The treating physician requested a second opinion from a neurologist at the request of the injured worker with the treating physician noting that the injured worker is unable to work with the severity of her headaches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuro consultation and second opinion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, Chronic pain programs, early intervention Page(s): 171, 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." There is no documentation that the patient condition requires neurology evaluation. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a neurology Evaluation. There is no documentation of focal neurological signs or change in the patient condition since the previous neurological consultation. There is no documentation that the patient followed the neurologist recommendation. Therefore, the request for neurology consultation is not medically necessary.