

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review  
P.O. Box 138009  
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(855) 865-8873 Fax: (916) 605-4270



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**Notice of Independent Medical Review Determination.**

[REDACTED]

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[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the neurologist referral requested **is medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 3/12/2013 disputing the Utilization Review Denial dated 3/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/16/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the neurologist referral requested is medically necessary and appropriate.

### **Medical Qualifications of the Professional Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated March 12, 2013.

“This patient is a 53 year-old male with a January 8, 2013 neck injury. This patient injured his neck and head when he passed out at work. He had a CT scan on the day of the incident and this was normal. The patient has also recently been diagnosed with hypertension. He takes medications for his high blood pressure and for thyroid disease; none of these medications is identified. The patient’s blood pressure at the time of his visit with Dr. [REDACTED] was 118/77. He stated that he was dizzy when he bent forward but there is no documented recorded blood pressure after lying down to evaluate for orthostatic hypotension. The patient was seen again on January 30, 2013 and complained that he was still dizzy. There was no blood pressure documented on that date. There was a request for a Neurology consultation.

“Per Dr. [REDACTED] February 11, 2013 PA Review, ‘This patient had a recent addition of blood pressure medication. He had a relatively low blood pressure at his initial visit. There is no documentation that this patient has seen the physician who prescribed his blood pressure medications nor is there any documentation that anyone has monitored him for orthostatic hypotension. These should be done prior to having the patient see another specialist, given the normal CT scan and normal neurologic examination.’ Dr. [REDACTED] denied this request.

“This is not an appealed request for a neurology referral. This was accompanied by a late response in which Dr. [REDACTED] noted that the patient had a syncopal episode and fell unconscious and hit his head on the ground. The initial ER CAT scan of the head was negative. He had continued dizziness and headaches, that was getting worse and a second CAT scan was done that was also essentially negative. The provider opined that in light of the recent history of head trauma and continued dizziness and headaches, a neurologic evaluation would be helpful.

“There is no documentation of positive neurologic exam findings, blood pressure readings or orthostatic blood pressure readings. Based on the currently available information, the medical necessity has not been established for a neurology consult at this point in the patient’s clinical course, and therefore the appealed request is denied.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Denial Letters by [REDACTED] (dated 2/11/13 and 2/12/13)
- Utilization Review Physician Advisor Recommendation Documents by [REDACTED] (dated 2/11/13 and 2/12/13)
- Employee’s Initial Orthopaedic Evaluation by [REDACTED] (dated 3/12/13)
- Employee’s Pharmacy Refill Description by [REDACTED] (dated 3/20/13)
- Employee’s Medication Summary Report by [REDACTED] (dated 3/20/13)
- Employee’s CT Report by [REDACTED] (dated 2/11/13)
- Employee’s Medical Records from [REDACTED] (dated 1/8/13)
- Employee’s Medical Records from [REDACTED] (dated 1/16/13 through 3/29/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 7 (Independent Medical Examinations and Consultations)

### **1) Regarding the Request for specialist referral in-house neurologist :**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Professional Reviewer found the referenced

section of the MTUS used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision

The employee had a syncopal episode at work in January. Per medical documents submitted, he struck his head. A computed tomography (CT) scan in the emergency department was negative. The employee continued to experience dizziness and headaches. At an orthopedic evaluation in March, he stated he had continued head pain and dizziness. Given the persistence of symptoms, further evaluation by a neurologic specialist is warranted, as the diagnosis is unclear. The ACOEM Guidelines indicate consultation is appropriate if the diagnosis is uncertain. The requested neurologist referral is medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.