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**Notice of Independent Medical Review Determination**

Dated: 8/16/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/2/2013  
Date of Injury: 4/6/2009  
IMR Application Received: 7/8/2013  
MAXIMUS Case Number: CM13-0001025

- 1) MAXIMUS Federal Services, Inc. has determined the request for a plastic surgeon consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a speech pathologist referral **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/8/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/9/2013. 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 request for a plastic surgeon consultation **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for a speech pathologist referral **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert 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 Otolaryngology 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 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 2, 2013.

1. For the purpose of this review the head/scalp and speech will be addressed.
2. Diagnosis: Syncope. Subarachnoid hemorrhage, closed. Abrasion/contusion scalp. Cervical strain. Lumbar sprain.
3. The patient is a 57 year-old female patient s/p injury 4/6/09.
4. Discussion:
  - a. This request is for a 57 female social worker who fell onto her head 4 years ago. She was diagnosed with subarachnoid hemorrhage. The patient has had extensive medical treatment and also has a history of two cervical surgeries (1999) repair-metal steel and rod placement, which predates the DOI.
  - b. Plastic Surgeon Consult: According to a one year old plastic surgeon report.
    - i. The treating physician documents painful keloid on the occipital scalp.
    - ii. According to the plastic surgeon, the patient has a neuroma in the back of her scalp which is relieved with steroid injections for approximately 3 months. The patient has received injections in the past.
    - iii. AME Neurology on 6/22/11 did recommend Trial of occipital blocks, but should not exceed more than 3 for ongoing occipital headaches.
    - iv. Guides do not do not support occipital nerve blocks citing short term benefit and conflicting study results. Thus this request is not certified.
    - v. Given the AME recommendation and guideline recommendations this request is not certified.
  - c. MD Appeal: Speech Pathologist Referral
    - i. Regarding the speech pathologist referral, the primary treating physician has not provided current speech symptoms, and examination findings to support a referral to speech pathologist.

- ii. Patient had seen a Speech Therapist at [REDACTED] but discontinued treatment as she did not feel that therapist was helpful at that time.
  - iii. Current evaluation/recommendations of Dr. [REDACTED] Clinical Neuropsychologist apparently supports this referral (report is not available for review).
  - iv. However without patient interest in this treatment, then this request is not medically necessary.
5. RFA dated 6/24/13
- a. Request: Plastic surgeon consult
6. Report of 6/24/13 Occupational Medicine:
- a. Subjective: The patient's primary complaint is pain located in the head, low back, neck. She describes it as a "stabbing" and "headaches". She considers it to be severe to unbearable. The patient says that it seems to be present on a constant basis. She has noticed that it is made worse by heat, lifting, bending at the waist, prolonged walking. She states she is currently not working because her employer cannot accommodate her work restrictions. She reports a consult with Dr. [REDACTED] recently on 5/9/13 (Psychologist). She states she continues to have severe head pain which she feels are worsening in hot weather. She states her low back pain persists and continues to experience muscle spasm in (R) thigh.
  - b. Objective: Gait is normal. Scalp: contracted (L) posterior scar remains tender. Tender (R) paracervical muscles. Limited range of motion. Reflexes are 2+. Romberg absent. Cranial nerves II-XII are intact. Psychiatric: agitation, anxiety and depression appear to be absent. Pressured speech is not present. Lumbar spine, limited range of motion. Straight leg raise is negative bilaterally. Strength normal.
  - c. Assessment: Syncope. Subarachnoid hemorrhage, closed. Abrasion/contusion scalp.

Cervical strain. Lumbar sprain.

- d. Plan: This is a follow up visit for this medical condition. Dr. [REDACTED] has recommended Speech Pathologist referral. Patient had seen a Speech Therapist at [REDACTED] but discontinued treatment as she did not feel that therapist was helpful at that time. A request for authorization was recently denied and I am enclosing the current evaluation/recommendations of Dr. [REDACTED] Clinical Neuropsychologist. In addition, a request for Plastic surgery consult was also recently denied. Reviewer apparently did not have Dr. [REDACTED] records which I am enclosing. Patient to complain of intermittent sharp pain (L) occipital area at scar sight. Local steroid injections were temporarily effective in the past. Patient continues to complain of (R) frontal headaches. They are partially relieved by Fioricet. Patient is currently decreasing Fioricet dosing.
  - e. Work status: Return to modified work on 6/24/13.
7. Report of 5/22/12 Plastic Surgeon:
- a. The patient has neuroma in the back of her scalp which is relieved with steroid injections for approximately 3 months. She comes back in wanting to have another steroid injection in this area. She has had considerable amount of pain. It is fairly [blank]. I have not seen her in over a year. She discussed with her at length that I would talk to different adjusters for many surgical intervention and we have been denied. Again, I discussed with her at length steroid injections in these areas can cause alopecia in these areas and she understands another issues as well. Again, the indications, the options, risk, benefits and alternatives were explained to the patient at length. All questions were answered. She agreed to the injections as Kenalog mixed 50/50 with the lidocaine was injected in this area. She tolerated it well and immediate pain relief because of the lidocaine. We will follow up with her in few months.
8. AME Neurology re-eval report of 6/22/11 [REDACTED] MD]:
- a. FMC: Trial of occipital blocks, but should not exceed more than 3 for ongoing occipital headaches.

## 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 Determination by [REDACTED] (dated 7/2/13)
- Medical Records by [REDACTED] (dated 5/17/12 to 6/24/13)
- Medical Records by [REDACTED] (dated 4/15/13 to 5/29/13)
- MRI Reports by [REDACTED] (dated 4/8/13)
- Medical Record by [REDACTED] (dated 9/20/12)
- Communication Sheet (entries dated 6/2/10 to 8/23/12)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004)
- Official Disability Guidelines (ODG) – Head Chapter, Greater Occipital Nerve Block section

### 1) Regarding the request for a plastic surgeon consultation:

#### Medical Treatment Guideline(s) Relied Upon by the Expert 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), but did not include a specific ACOEM citation in its utilization review decision. Some sections of ACOEM are part of the California Medical Treatment Utilization Schedule (MTUS), while others are not. The Claims Administrator also cited the Official Disability Guidelines (ODG) – Head Chapter, Greater Occipital Nerve Block section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found ACOEM Guideline – Chapter 7, which is a medical treatment guideline that is not part of the MTUS, relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee was injured on 4/6/2009 after she fell on her head. The employee was diagnosed with subarachnoid hemorrhage. A report dated 6/24/13 indicates the employee has experienced headaches and pain in the head, low back, and neck, in addition to other symptoms. A request was submitted for a plastic surgeon consultation.

The ACOEM guideline applies in a general sense and states that “a referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management...” The medical records received and reviewed indicate there is a tender surgical scar at the occiput. There is no mention of neuroma or keloid in the records provided. The records are not clear whether there is a painful lesion present at the scar site that would be amenable to surgical treatment. Consultation to aid in diagnosis is appropriately done by a plastic surgeon in this situation. The ACEOM guideline criteria for consultation are met. The request for a plastic surgeon consultation is medically necessary and appropriate.

## 2) Regarding the request for a speech pathologist referral:

### Medical Treatment Guideline(s) Relied Upon by the Expert 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), but did not include a specific ACOEM citation in its utilization review decision. Some sections of ACOEM are part of the California Medical Treatment Utilization Schedule (MTUS), while others are not. The Claims Administrator also cited the Official Disability Guidelines (ODG) – Head Chapter, Greater Occipital Nerve Block section, which is a medical treatment guideline that is not part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found ACOEM Guideline – Chapter 7, which is a medical treatment guideline that is not part of the MTUS, relevant and appropriate for the employee’s clinical circumstance.

### Rationale for the Decision:

The employee was injured on 4/6/2009 after she fell on her head. The employee was diagnosed with subarachnoid hemorrhage. A report dated 6/24/13 indicates the employee has experienced headaches and pain in the head, low back, and neck, in addition to other symptoms. A request was submitted for a speech pathologist referral.

The ACOEM guideline applies in a general sense and states that “a referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management...” The medical records received and reviewed do not indicate the employee is having problems with either speech or swallowing. The ACEOM guideline criteria for consultation/referral are not met. The request for a speech pathologist referral is not 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.