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**Notice of Independent Medical Review Determination**

Dated: 8/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/3/2013
Date of Injury:	11/19/2011
IMR Application Received:	7/16/2013
MAXIMUS Case Number:	CM13-0001435

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 neurological consultation **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/17/2013. 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 1 neurological consultation **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 Orthopaedic Surgery 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 3, 2013.

The patient is a 36 year old male with a date of injury of 11/19/2011. The provider has submitted a prospective request for 1 EEG, 1 psychiatric consultation, 1 pituitary testing and 1 neurosurgical consultation.

According to the submitted documentation the patient was being treated for numerous musculoskeletal complaints including a headache at base of his head with associated positional vertigo, dizziness, blurred vision, soreness and stiffness, memory issues, low back pain, facial and neck twitching and personality changes. At his most recent evaluation with Dr. [REDACTED] on 6/7/13 the patient's relevant objective findings included moderate to severe distress with frequent grunting and facial grimace, decreased cervical and lumbar spine ranges of motion and positive bilateral supine straight leg raise tests at 60 degrees. His wife noted that she has noted personality changes and he has had urinary urgency since his 2011 accident. The treatment-to-date has consisted of a home exercise program, TENS unit, a brace and medications.

### 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 7/3/13)
- Neurological Testing Results by [REDACTED], M.D. (dated 8/7/12)
- MRI Report by [REDACTED] (dated 4/26/13)
- MRI Report by [REDACTED] (dated 5/30/12)
- MRI Reports by [REDACTED] (dated 7/23/12)
- Laboratory Test Results by [REDACTED] (dated 10/8/12)
- Medical Records by [REDACTED], M.D. (dated 7/11/12 to 6/7/13)

- Medical Records by [REDACTED] (dated 6/4/12 to 5/23/12)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004), Chapter 8: Neck and Upper Back Complaints, pages 179-180

**1) Regarding the request for 1 neurological 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), Chapter 8: Neck and Upper Back Complaints, pages 179-180, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address neurological consultations. The Expert Reviewer relied on the ACOEM Guidelines, Chapter 7, page 127, which is a medical treatment guideline that is not part of the MTUS.

Rationale for the Decision:

The employee was injured on 11/19/2011 and has experienced headaches, vertigo, dizziness, blurred vision, soreness, stiffness, memory issues, low back pain, facial and neck twitching, and personality changes. Treatment to date has included a home exercise program, TENS unit, brace, and medications. A request was submitted for 1 neurological consultation.

Chapter 7 of the ACOEM Guidelines indicates consultations are appropriate to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the employee's fitness for return to work. The medical records submitted and reviewed reveal aging change, but an MRI of the employee's brain does not indicate any structural trauma to the brain. Also, electrodiagnostic studies did not indicate lower extremity radiculopathy or neuropathy. Given the absence of any clearly neural compressive lesion, the absence of electrodiagnostic findings, and the unknown results of the previously certified electroencephalogram and psychiatric evaluations, the records do not support the necessity of neurological consultation. The request for 1 neurological consultation 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.