

<b>Case Number:</b>	CM13-0047162		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of the cervical spine of May 1, 2013, notable for disc bulges and a disc herniation at C5-C6 and C6-C7 of uncertain clinical significance, muscle relaxant; unspecified amounts of chiropractic manipulative therapy; reportedly normal non-contrast CT scan of the head of July 13, 2012; topical compounds; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 22, 2013, the claims administrator denied a request for continued treatment with neurologist on the grounds that said treatment was medically necessary, but not related to the industrial injury of July 12, 2012. The applicant's attorney subsequently appealed. In a medicolegal evaluation of May 6, 2013, it was stated that the applicant was having daily headaches, varying in intensity and severity. In a May 2, 2013 progress note, it was again stated that the applicant reported unchanged headaches and neck pain, 6/10. It was stated that the applicant continued to experience significant headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient continued treatment with a neurologist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints despite appropriate conservative management should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant does have long-standing complaints of headaches reported both by the treating provider and by a medicolegal evaluator. These have seemingly proven refractory to conservative measures. Obtaining the added expertise of a physician specializing in the same, namely a neurologist, is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.