

<b>Case Number:</b>	CM14-0163316		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/21/2014
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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 patient is a 27-year-old male with date of injury of 04/21/2014. The listed diagnoses per [REDACTED] from 06/13/2014 are: 1. Posttraumatic headache.2. Cervical sprain/strain.3. Cervical myofasciitis.4. Cervical muscle spasms.5. Thoracic sprain/strain.6. Thoracic myofasciitis.7. Thoracic muscle spasm.8. Lumbar sprain/strain.9. Lumbar muscle spasm.10. Lumbar myofasciitis. According to this report, the patient complains of constant, severe, 9/10 dull, achy, sharp, stabbing, throbbing, burning headache. He also reports neck, upper/midback, and low back pain. The patient reports radiating pain to the head and low back as well as the bilateral legs. The examination shows dermatome sensation is intact and equal bilaterally in both the upper and lower extremities. Motor strength is 5+/5 bilaterally in the upper and lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2/2. There is +3 tenderness to palpation of the cervical paravertebral muscles with muscle spasms. Cervical spine range of motion is decreased and painful. Cervical compression and shoulder depression causes pain. There is a +3 tenderness to palpation of the thoracic paravertebral muscles with muscle spasms. Tenderness to palpation of the lumbar paravertebral muscles with muscle spasms. Lumbar range of motion is decreased and painful. Kemp's test causes pain. Straight leg raise causes pain on the left. The utilization review denied the request on 09/17/2014. The documents include a CT scan of the chest, head, lumbar spine, maxillofacial area, cervical spine, x-ray of the pelvis, x-ray of the lumbar spine, and x-ray of the chest from 05/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with neurologist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 on consultation

**Decision rationale:** The utilization review denied the request stating that the medical records provided failed to document a thorough clinical history, physical findings, diagnostic complexity and/or uncertainty. The CT scan of the head, lumbar spine, and cervical spine from 05/22/2014 shows normal results. The CT scan of the maxillofacial area from 05/22/2014 showed age-indeterminate minimally displaced nasal fractures. And degenerative changes of the temporomandibular joints with flattening of the mandibular condyles. The 06/11/2014 report by [REDACTED] shows that the patient continues to complain of almost constant slight pain in the neck on the right and left side without significant radicular pain in the right or left arm. The patient was recommended to take Motrin, Prilosec, and Extra-Strength Tylenol including Flexeril as a muscle relaxant for his pain. Because of the patient's persistent headaches, he was given left greater occipital nerve block which gave him slight relief from his headache; however, he had a bad reaction from the injection that took him one week to recover from. He was then referred for an MRI to rule out herniated cervical disk causing his residual headaches and neck pain. The 06/13/2014 report shows that the patient complains of constant severe 9/10 burning headache with reports of neck pain and stiffness radiating to the head. Dermatome sensation is intact and equal bilaterally in both the upper and lower extremities. Motor strength is 5+/5 bilaterally in the upper and lower extremities. Deep tendon reflexes are normal and equal bilaterally. There is, however, a +3 tenderness to palpation of the cervical paravertebral muscles with muscle spasms. The report making this request is missing to determine the rationale for the request. Given that the patient has not had a consultation with the neurologist, the request is reasonable to rule out other pathology given the patient's persistent headaches and neck pain. Therefore, the Consultation with neurologist is medically necessary and appropriate.