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| <b>Case Number:</b>   | CM14-0184456 |                              |            |
| <b>Date Assigned:</b> | 11/12/2014   | <b>Date of Injury:</b>       | 01/13/2000 |
| <b>Decision Date:</b> | 12/16/2014   | <b>UR Denial Date:</b>       | 11/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/05/2014 |

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 42-year-old woman who sustained a work-related injury on January 13, 2000. Subsequently the patient developed with chronic neck pain and headache. According to a progress report dated on October 22, 2014, the patient was complaining of neck and back pain as well as left leg numbness. The her physical examination demonstrated the positive straight leg raise, positive left knee tenderness, positive bilateral trapezius trigger point, positive spasm bilateral traps, decreased sensation in the left foot and decreased left foot dorsiflexion. The provider request authorization for neurological evaluation for headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Neurology consult regarding headaches: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Beithon J, Gallenberg M, Johnson K, Kildahi P, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. page 90

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. The provider did not give a justification for the need of headache specialist evaluation. There is no documentation of the reasons, the specific goals and end point for this consultation. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. Therefore, the request for a Neurology consult regarding headaches is not medically necessary.