

<b>Case Number:</b>	CM14-0021242		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 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 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 49-year-old female who has submitted a claim for chronic pain syndrome, cervicogenic headaches, and cervical and lumbar radiculopathy associated with an industrial injury date of March 12, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain, back pain, and headaches. Physical examination showed antalgic gait, decreased sensation over the right C6 through C8 dermatomes, and decreased cervical spine ROM. Treatment to date has included NSAIDs, opioids, antidepressants, muscle relaxants, topical analgesics, home exercises, and aquatic therapy. Utilization review from February 12, 2014 denied the request for consult with [REDACTED], a general practitioner, for her headaches for failure to document a rationale identifying the medical necessity of the requested consultation with general practitioner for headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONSULT WITH [REDACTED], A GENERAL PRACTITIONER, FOR HER HEADACHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, 127 OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER.

**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) Independent Medical Examinations and Consultations Chapter, page(s) 127 and 156.

**Decision rationale:** As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, there is recommendation for consult with [REDACTED], a general practitioner for the patient's headaches. However, medical records reported that the patient is currently being seen by a neurologist for her headaches. No rationale was given as to why two diverse practicing physicians would be needed for a similar complaint. Therefore, the request for consult with [REDACTED], a general practitioner, for her headaches is not medically necessary.