

<b>Case Number:</b>	CM14-0048607		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/20/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 52-year-old female who has submitted a claim for cervicogenic headache and cervical stenosis at C5-C6 with radiculopathy associated from an industrial injury date of January 20, 2011. Medical records from 2013-2014 revealed that the patient complains of neck pain radiating into the head, rated 6/10, with radiating down the bilateral arms, and on the left into the hand, rated 7/10. On physical examination, there is tenderness and spasms of the paracervical muscles. There is tenderness over the trapezius musculature bilaterally. There is tenderness over the intrascapular space. There is tenderness over the lateral aspect of the left shoulder. There is decreased sensation over the right C6, C7, and C8 dermatome distribution, and over the left C5 dermatome distribution. There is limitation in range of motion of the cervical spine with flexion to approximately 20 degrees, extension to approximately 16 degrees and left lateral bending to approximately 26 degrees. The treatment to date has included cervical medial branch blocks, activity modification, physical therapy, and medications. The patient's medications consisted of Sumatriptan, ibuprofen, Temazepam, Tramadol, Hydrocodone, Tizanidine and Pantoprazole. A utilization review from March 31, 2014 denied the request for pain management consultation for cervical spine because the associated request for a cervical diskogram was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation for cervical spine:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127, 156.

**Decision rationale:** According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a 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, the request for pain management consultation for cervical spine was initially denied because the associated request for a cervical diskogram was not recommended. The most recent clinical evaluation revealed that the patient continues to have neck pain despite medial branch blocks, activity modification, physical therapy and medications. Also, an appeal was made and the initially requested diskogram was certified in a utilization review dated May 6, 2014. The medical necessity for pain management consultation was established. Therefore, the request for pain management consultation for cervical spine is medically necessary.