

<b>Case Number:</b>	CM14-0196129		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehab, 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 57 year old male with an injury date on 1/4/10. The patient complains of cervical pain, radiating into the upper extremities, with numbness/weakness, pain and a bump over the left temple, and headaches as well as balance issues per 10/6/14 report. The patient is currently taking Norco with reduction in analgesia at least 30-40% per 10/6/14 report. Based on the 10/6/14 progress report provided by the treating physician, the diagnoses are: 1. pain in limb 2. cervical radiculopathy A physical exam on 10/6/14 showed "decreased range of motion of C-spine, decreased sensation along C6 dermatomes." The patient's treatment history includes medications, chiropractic (with benefit). The treating physician is requesting neurology consultation with MPN. The utilization review determination being challenged is dated 10/31/14 and denies request as there is no evidence of neurological dysfunction in the most recent progress note. The requesting physician provided treatment reports from 4/28/14 to 11/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation with MPN:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

**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

**Decision rationale:** This patient presents with neck pain, upper extremities pain, pain in left temple, headaches, and balance issues. The treating physician has asked for Neurology Consultation with MPN on 10/6/14 "to address continued head complaints and determine industrial connectivity." Regarding consultations, ACOEM states that the 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, the patient presents with ongoing pain in the left temple, headaches, and balance issues. A consultation with a neurologist appears reasonable for patient's continued head complaints. The requested neurology consultation with MPN IS medically necessary.