

<b>Case Number:</b>	CM14-0059135		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker is a 33 year old male, who sustained an industrial injury on 10/3/12. He reported an injury to the head. The injured worker was diagnosed as having post-traumatic headache, neck pain syndrome and cervicobrachial syndrome, pain in left knee joint, posttraumatic stress disorder and headache/post concussive. Treatment to date has included medications. Currently, the injured worker complains of severe headaches and severe left knee pain. The injured worker stated the medications are not helping much for his headache. The physical exam was not abnormal. The treatment plan is for a neurological consult and left knee (MRI) magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Acute and Chronic Institute for Clinical Systems Improvement - Private Nonprofit Organization 2000 Oct, 66 pages. Specialty Consults, Opioid Analgesics, and Pharmacological analgesic adjuvants have failed and there is clinical evidence of a pain generator.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral Page(s): 171.

**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 neurology evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)." In this case, the patient complaints of headaches but there is no documentation about the severity, frequency and characteristics of the headaches (tension headaches, migraines, cervicogenic headaches, etc). In addition, the patient has been seeing a neurologist at [REDACTED] and has been treated for the headaches but there is no documentation on the type of treatment provided and its efficacy. Therefore, the request for Neurology Consultation is not medically necessary.