

<b>Case Number:</b>	CM15-0141390		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	02/03/2015
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: California  
 Certification(s)/Specialty: Family Practice

### 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 45 year old male who sustained an industrial injury on 02/03/2015. He reported pain in the neck, midback, lower back, and left shoulder. The injured worker was diagnosed as having; Cervical herniated nucleus pulposus, cervical facet arthropathy and Lumbar facet arthropathy. Treatment to date has included medications, cervical and thoracic MRI's physical therapy with temporary relief, acupuncture with temporary relief, and chiropractic therapy with temporary relief. Currently, the injured worker complains of pain in the neck, midback, lower back and left shoulder that continue unchanged. His lower back is the worst pain that is a constant aching and transitions to a sharp stabbing pain rated a 7-8 on a scale of 0-10. The pain radiates down his bilateral buttock regions with about 70% in the right side and 30% in the left side. He has no radiation of symptoms past the buttock with exception of some numbness in both feet. There is radiation of pain from the lower back up to the neck along the spinal column. His neck pain is rated a 4-6 on a scale of 0-10 and it is burning in nature with radiation to the head and frequent headaches. The pain increases when he holds his head in one position and this causes him some difficulty driving. He denies radiation of the pain, numbness or tingling into his bilateral upper extremities except for some intermittent numbness in the hand, more n so in the right hand and when he drives. He has frequent frontal headaches without dizziness, light sensitivity or visual changes. He has a burning sensation between his shoulder blades that goes up and down the spine. On examination he has tenderness to palpation of the cervical and lumbar spine with spasms noted, and his Cervical, Thoracic, and Lumbar range of motion is diminished in all planes. Motor strength and reflex testing was unremarkable in both

upper and lower extremities. Medications include Norco, Flexeril, Prilosec, and Relafen. He receives minimal relief with medications, and denies side effects from medication. The treatment plan includes chiropractic treatments, and a transforaminal epidural steroid injection right L5-S1 and S1-S2 foramen to address the L5 and S1 nerve roots. Medication refills were given and the worker was counseled on risks, benefits, and potential adverse effects. A request for authorization was made for the following: Neuro Consult for Headaches.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neuro Consult for Headaches:** Upheld

**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:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80.

**Decision rationale:** According to the CA MTUS ACOEM, the clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. In this case, the injured worker is complaining of headaches. However, there is no evidence of neurologic deficits on clinical examination, no red flags and no history of neurological symptoms to support the requested specialty referral. The request for Neuro Consult for Headaches is not medically necessary or appropriate.