

<b>Case Number:</b>	CM15-0186343		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/11/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Physical Medicine & Rehabilitation

### 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 57 year old male, who sustained an industrial injury on 1-11-2000. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include right shoulder impingement, right ankle sprain, cervical disc herniation, lumbar disc herniation, and anxiety. The records indicate ongoing complaints of headaches. On 3-23-15, a neurology evaluation was completed for complaints of headaches every day associated with nausea, photophobia and phonophobia. Previous treatments included multiple pain medications and cervical epidural steroid injections. There was a history including two previous strokes with left upper extremity residual weakness noted. The provider documented the physical examination revealed decreased sensation and strength to the left upper extremity. The treating diagnoses included chronic headache, cervical degenerative disc disease, and previous stroke. The plan of care included initiation of Imitrex, one tablet daily for headaches; increased Topamax dose from 25mg before bed to 50mg before bed, and referral for cervical spine degenerative disc disease. On 8-11-15, there was report of ongoing migraines, and pain in the neck, lumbar spine and bilateral shoulders. The physical examination documented tenderness to the cervical spine and pain with flexion. The provider documented "acquired foraminal stenosis and disc protrusion" of cervical spine. The plan of care included a referral for a neurology consultation. The appeal requested authorization for an evaluation and co-treat with a neurologist. The Utilization Review dated 8-25-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One evaluation and co-treat with neurologist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Beithon J, Fallenberg M, Johnson K, Kildahl P, Krenik J, Liebow M, Linbo L, Myers C, Peterson S, Schmidt J, Swanson J. Diagnosis and treatment of headache. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2013 Jan. 90 p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), page 120.

**Decision rationale:** The patient was injured on 01/11/00 and presents with pain in his neck, lumbar spine, and bilateral shoulders. The request is for one evaluation and co-treat with neurologist regarding headaches. There is no RFA provided and the patient's current work status is not provided either. ACOEM Practice Guidelines, 2nd Edition (2004), page 120, has the following: "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient has tenderness to palpation of the cervical spine, a limited range of motion of the cervical spine, and foraminal stenosis at C4-5, C5-6, C6-7, with 3-4 mm posterior disc protrusion. He is diagnosed with right shoulder impingement, right ankle sprain, cervical disc herniation, lumbar disc herniation, and anxiety. There is no indication of what this treatment will consist of. Due to lack of documentation and explanation as to what the treatment is to entail, the requests are not medically necessary.