

<b>Case Number:</b>	CM15-0054649		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 31-year-old female, who sustained an industrial injury on 01/01/2015 reporting pain in her head with dizziness and pain in her mid and lower back. On provider visit dated 01/21/2015 the injured worker has reported headaches, neck pain, upper back and lower back pain. On examination, she was noted to have a decreased range of motion of cervical spine and lumbar spine. Tenderness was noted to palpation of paravertebral muscles, and spasm of the lumbar and thoracic paravertebral muscles. She was noted to have a constant headache. The diagnoses have included post-traumatic headache, cervical muscle spasm, cervical sprain/strain, thoracic myospasm, thoracic myospasm, thoracic sprain/strain, lumbar muscle spasm and lumbar sprain/strain. Treatment to date has included CT scan and medication. The provider requested neurology consultation for post concussion syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation-head:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-Chapter 7 pp 127, 156, Official Disability Guidelines (ODG) Pain Chapter.

**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). There is no documentation that these headaches are affecting function and recovery of the patient. Therefore, the request for Neurology Consultation is not medically necessary.