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| Case Number: | CM15-0055573 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 01/20/2012 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 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: 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(n) 56 year old male, who sustained an industrial injury on 1/20/12. He reported pain in the neck and head. The injured worker was diagnosed as having cervical pain, occipital neuralgia, post-concussion syndrome and migraines. Treatment to date has included a cervical MRI, cervical medial branch block, physical therapy and pain medications. As of the PR2 dated 1/16/15, the injured worker reported that the medications are less effective for his headaches and he is having difficulty sleeping. The treating physician noted that the injured worker had fallen in November and was now having severe pain in the neck, headaches and lower back pain. The treating physician requested a neuro consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

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), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with severe pain in the neck, headaches and lower back pain, rated 5-8/10. The request is for a Neuro Consultation. There is no RFA provided and the date of injury is 01/20/12. The patient has a diagnoses of cervical pain, occipital neuralgia, post-concussion syndrome and migraines. MRI of the cervical spine, performed on 01/31/15, shows degenerative disc disease between C5 and T1 with small annular bulges causing no significant stenosis. Per 01/16/15 treater report, physical examination to the cervical spine revealed spasms and tenderness to palpation over the right occiput and the right posterolateral aspect of the neck. Range of motion reveals flexion at 30/50 degrees, and extension at 0/60 degrees. Treatment to date has included a cervical MRI, cervical medial branch block, physical therapy and pain medications. The patient's medications include Norco and Ibuprofen. The patient is not currently working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: 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. The request for a neurology consultation appears reasonable. Per 01/16/15 report, treater states, "for a second medical opinion and neurosurgery evaluation. Referral has been sent to [REDACTED]." ACOEM guidelines support referral to a specialist to aid in complex issues. Given the patient's chronic pain that remain in spite of a medial branch block, medications and physical therapy, a neurology consultation may contribute to improved management of symptoms. Therefore, the request is medically necessary.