

Case Number:	CM13-0061207		
Date Assigned:	12/30/2013	Date of Injury:	03/13/2007
Decision Date:	07/11/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/04/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54-year-old male who has submitted a claim for degeneration of cervical intervertebral disc, anxiety state, unspecified and depressive disorder, not elsewhere classified associated with an industrial injury date of March 13, 2007. The patient complains of headache noted as far back as June 2013. He also has occasional neck pain rated 5/10. Physical examination showed cervical paraspinal muscle guarding and tenderness. The diagnoses include chronic neck pain with underlying degenerative disc disease, headaches, depression and anxiety. Neurologic consult and treatment for ongoing headaches was requested. The treatment to date has included oral analgesics, home exercises and physical therapy for the neck. In a utilization review from November 22, 2013 denied the request for neurology consult for headaches because there was no documentation of frequency and timing of headaches. There was also no documentation of prior medications or other appropriate treatment regimens attempted to address the headaches, and the clinical and functional response to these treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT FOR HEADACHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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. In this case, there was no discussion regarding the nature and character of the headaches. Moreover, there was no evidence of failure and exhaustion of conservative treatments addressed to relieve the headaches. There was no compelling rationale to warrant consultation with a specialist at this time. Therefore, the request for a neurology consultation for headaches is not medically necessary.