MAXIMUS Federal Services

Case Number:	CM14-0212074		
Date Assigned:	01/02/2015	Date of Injury:	07/11/2006
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/18/2014

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: Preventive Medicine, Occupational 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:

Patient is a 52 year-old female with date of injury 07/11/2006. Previous reviewer denied request for a neurological consultation on the grounds that there was insufficient documentation of the frequency of the patient's migraines. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/20/2014, lists subjective complaints as pain in the neck with radicular symptoms and associated migraine headaches which seem to be cervicogenically triggered. Objective findings: Examination of the cervical spine revealed tenderness to palpation throughout the paraspinal region. Range of motion was moderately reduced in all planes. Diagnosis: 1. Cervical degenerative disc disease, 2. Status post recent anterior cervical surgery, 3. Chronic Cervicalgia, 4. Suspected right cervical radiculopathy, 5. Pain related insomnia, 6. Right shoulder impingement syndrome, 7. Cervicogenically triggered migraine headaches, 8. Situational depression/anxiety. An operative report for a cervical epidurogram listed subjective complaints as worsening pain and discomfort of the cervical spine the preoperative diagnosis was listed as cervical degenerative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations

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, Independent Medical Examinations and Consultations

Decision rationale: According to the MTUS, the 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. An independent medical assessment also may be useful in avoiding potential conflict of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. According to the medical records, the patient has migraine headaches occurring 2-3 per week which are associated with an aura, photophobia, and blurred vision. There appears to be sufficient documentation to warrant a neurologic consult. I am reversing the previous utilization review decision. Neurologic consultation is medically necessary.