

Case Number:	CM15-0122557		
Date Assigned:	07/02/2015	Date of Injury:	09/06/2013
Decision Date:	08/07/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/23/2015

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, Hawaii
 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 48 year old female who sustained an industrial injury on September 6, 2013. She has reported headaches and has been diagnosed with cervicogenic headaches, cervical disc disorder with myelopathy, cervical spinal stenosis, cervicobrachial syndrome, and chronic pain syndrome. Treatment has included medications, physical therapy, yoga, and a home exercise program. Range of motion of the cervical spine was limited in all directions secondary to pain. Facet tenderness was noted on the right C2, C3, C4. On examination of paravertebral muscles, spasm, tenderness, tight muscle band, and trigger point was noted on the right side. The treatment request included a neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, ch. 7, page 127.

Decision rationale: The patient presents with ongoing headaches and neck pain. The patient is currently taking Ibuprofen. The current diagnoses are: Cervicogenic headaches, Cervical disc without myelopathy, Cervical spinal stenosis, Cervicobrachial syndrome and Chronic pain syndrome. The current request is for a Neurology consult. The treating physician report dated 6/9/15 states, "Consultation with a Neurologist. Evaluate for ongoing headaches." The ACOEM guidelines, on page 127, state that 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 current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise to evaluate the patient's headaches are required. The request for Neurology consult is medically necessary.