

<b>Case Number:</b>	CM15-0069261		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/24/2013
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 York

Certification(s)/Specialty: Internal 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 58 year old female, who sustained an industrial injury on 10/24/2013. She reported injuries to her cervical spine and upper extremities. Diagnoses have included cervicgia and lumbago with degenerative disc disease. Treatment to date has included magnetic resonance imaging (MRI), physical therapy, chiropractic treatment and medication. According to the progress report dated 1/26/2015, the injured worker complained of constant neck pain with occasional spasms. She also complained of constant pain in her mid-low back. She reported difficulty sleeping due to pain. Physical exam revealed a slightly antalgic gait. There was diffuse tenderness to palpation throughout her cervical spine paraspinous region. Authorization was requested for consultation with a neurology specialist to evaluate the injured worker's persistent headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Neurology Specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** ACOEM states that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or, the injured worker's fitness to return to work. In this case, there is no specific rationale identifying the medical necessity of the requested Neurology specialist. Per the documentation, the claimant is under the care of a neurologist for her headaches. There is no specific documentation provided indicating that the present neurologist cannot optimally treat her headache condition. Medical necessity for the requested service is not established. The requested service is not medically necessary.