

<b>Case Number:</b>	CM13-0038451		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/06/2011
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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 56-year-old male who reported a work-related injury on 10/6/11; the specific mechanism of injury was not stated. The patient presents for treatment of lumbar radiculopathy and peripheral neuropathy possibly due to toxin exposure and left greater trochanteric bursitis. The clinical note dated 12/4/13 reports that the patient was seen under the care of [REDACTED]. The provider recommended the patient undergo consultation with a toxicologist. In addition, the provider documents that the patient has kidney issues and has followed up with a nephrologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**request for a toxicological evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): s 89-92.

**Decision rationale:** The clinical note dated 3/27/13 reports that the patient was seen in clinic. The provider at that time documented the patient has been exposed to chemicals, and that the patient needs to be seen by a toxicologist to determine if his peripheral neuropathy is related to his work. However, documentation of the patient's course of treatment, significant comorbidities,

lab values, or other specific documentation related to this injury was not evidenced in the clinical notes. The California MTUS/ACOEM indicates the goal of such an evaluation is in fact functional recovery and return to work. However, given the lack of documentation submitted evidencing the patient's specific course of treatment for his neuropathic complaints, the request for toxicological evaluation is not medically necessary or appropriate.