

Case Number:	CM13-0055329		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2009
Decision Date:	03/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/18/2013

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 & Rehabilitation, and is licensed to practice in Maryland and Illinois. 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 64-year-old male who reported an injury on 01/28/2009 due to a fall from a ladder. Prior treatments have included medications, physical therapy, epidural steroid injections and bilateral sacroiliac joint injections. The patient's most recent clinical documentation noted that the patient had diminished sensation of the thumb, index finger, and long finger and partial diminished sensation of the ring finger of the left hand with a positive Tinel's sign on the right side and decreased motor strength and grip strength on the left side with limited cervical range of motion secondary to pain. The patient's diagnoses included lumbar degenerative disc disease, lumbar facet arthropathy, lumbar radiculopathy, sacroiliac joint dysfunction, cervical disc degenerative disc disease, cervical radiculopathy, bilateral upper extremity paresthesia, myofascial pain, and dyspepsia. The patient's treatment plan included a brace as conservative treatment for carpal tunnel syndrome, an EMG/NCV, and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) of four (4) outpatient referral to Neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome (Acute & Chronic)

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) 6, pg(s) 163

Decision rationale: The requested 2 of 4 outpatient referral to a neurologist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has neurological symptoms that may benefit from further clarification. The American College of Occupational and Environmental Medicine recommend specialty consultations when additional expertise is needed for a complicated case and when a consultation would contribute to the patient's treatment plan. However, the request indicates that the patient has previously seen a neurologist as it is for 2 of 4 appointments. The clinical documentation submitted for review did not provide any documentation from previous appointments. Therefore, the need for an additional referral to a neurologist cannot be determined. As such, the requested 2 of 4 outpatient referral to a neurologist is not medically necessary or appropriate.