

<b>Case Number:</b>	CM13-0062275		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine and is licensed to practice in Texas and 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 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/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 53-year-old female who reported an injury on 12/31/2012. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar disc herniation and lumbar radiculopathy. The patient was seen by [REDACTED] on 11/14/2013. The patient reported ongoing lower back pain with left lower extremity radiation. Physical examination revealed 75% limited range of motion of the lumbar spine, tenderness at the left SI joint, negative straight leg raising bilaterally, normal motor strength, and intact sensation. Treatment recommendations included a neurological consultation and an EMG/NCV study.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### NEUROLOGICAL CONSULTATION: Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) Cornerstones of Disability Prevention and Management. In. Harris J (Ed), Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 89-92

**Decision rationale:** The ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient's physical examination revealed only tenderness to palpation with limited range of motion. The patient's motor strength and neurovascular sensation were noted to be intact. There was no documentation of significant neurological deficit. Therefore, the medical necessity for the requested referral has not been established. As such, the request for 1 neurological consultation is not medically necessary.