

Case Number:	CM13-0064513		
Date Assigned:	01/03/2014	Date of Injury:	02/14/2013
Decision Date:	10/16/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/11/2013

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 Neurological Surgery 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 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 records presented for review indicate that this 55 year-old male was reportedly injured on February 14, 2013. The most recent progress note, dated October 21, 2013, indicates that there were ongoing complaints of low back pain with radiation and right shoulder pain. The physical examination demonstrated limited abduction of the right shoulder to less than 90, decreased internal and external rotation with slight weakness. A consultation with a pain management specialist, dated October 30, 2013, shows tenderness to palpation to the bilateral L3-S1 lumbar facet region, as well as tenderness to palpation of the bilateral sacroiliac joint areas, and there was pain noted with lumbar extension. There was hypoesthesia noted in left thigh, otherwise an unremarkable neurological exam. Diagnostic imaging studies include an MRI of the lumbar spine without contrast, dated August 2013, which shows diffuse degenerative changes, disk narrowing at L2-L3, multilevel mild disc protrusions, and moderate multilevel facet degenerative changes. There is no spinal stenosis. An electromyography (EMG)/nerve conduction velocity (NCV) study done in November 2013 shows no electrodiagnostic evidence of any left-sided the sacral radiculopathy, nor does it show any peripheral neuropathy in the left lower extremity. Previous treatment includes Diclofenac, Flexeril, Vicodin, ice, and heat. A request had been made for a consultation with a neurologist, [REDACTED], and was not certified in the pre-authorization process on November 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH [REDACTED], NEUROLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

Decision rationale: The MTUS/ACOEM practice guidelines state "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." Review of the available medical records, the documents indicate mild low back discomfort with radicular symptoms and right shoulder pain at their last office visit, but fails to give a clinical reason to transfer care to a Neurological specialist. There is no documentation of a verifiable radiculopathy on electrodiagnostic studies, and furthermore, the records submitted for review did not indicate whether the patient has received physical therapy or other measures of conservative treatment. As such, this request is not considered medically necessary.