

Case Number:	CM13-0072723		
Date Assigned:	01/08/2014	Date of Injury:	07/09/2003
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/31/2013

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 Neurology and is licensed to practice in Texas. 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 injured worker is a 58 year old female who reported an injury on 09/13/2002 secondary to lifting injury. The diagnoses included lumbar and cervical radiculopathy, cervical facet arthropathy, chronic pain, status post lumbar fusion, headaches and insomnia. The injured worker was evaluated on 10/24/2013 for reports of low back pain radiating bilaterally to the hips and knees and neck pain radiating to the shoulders. The injured worker reports 10/10 pain without medication and 8/10 pain with medication. The exam noted moderate reduction of range of motion of the lumbar spine, lumbar spine tenderness at the L4-S1 level, a moderate reduction of the cervical spine range of motion with flexion at 40 degrees, extension at 40 degrees and bilateral rotation at 60 degrees, cervical tenderness, decreased sensory to touch to bilateral upper extremities and decreased sensation along the C6-7 dermatomes. The treatment plan included medication therapy and home exercise program. The request for authorization dated 10/28/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Chapter 7, Independent Medical Examinations Consultations, page 127.

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), Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor-patient relationship. There is no evidence of reasoning for the request for a neurology consultation in the documentation provided. Therefore, based on the documentation provided, the request for Neurology Consultation is not medically necessary.