

Case Number:	CM14-0004515		
Date Assigned:	07/25/2014	Date of Injury:	06/15/2000
Decision Date:	08/29/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 15, 2000. Thus far, the applicant has been treated with the following: analgesic medications; earlier lumbar laminectomy in 2001 and subsequent lumbar fusion in 2002, and subsequent lumbar fusion hardware removal surgery in 2005; muscle relaxant; anxiolytic medications; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 17, 2013, the claims administrator denied a request for neurologic evaluation. Non-MTUS Third Edition ACOEM Guidelines were invoked. The claims administrator did not include a text of these guidelines into its rationale. In a November 25, 2013 progress note, the applicant was described as having persistent complaints of wrist, back, groin, and right leg pain, reportedly heightened. The applicant was having significant pain complaints. The applicant could not perform range of motion secondary to severe pain. It was acknowledged that the applicant is using Colace, Norco, Robaxin, and Valium. The applicant was placed off of work, on total temporary disability, while medications were refilled. The applicant was described as having issues with panic attacks. The applicant was also having migraines and residual symptoms of paresthesias about the hand and wrist status post multiple carpal tunnel release surgeries, it was further stated. Authorization for a neurologic evaluation was apparently later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Evaluation for symptoms related to Lumbar Spine injury as an Outpatient:
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
1.

Decision rationale: The proposed neurologic evaluation is medically necessary, medically appropriate, and indicated here. As noted in page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant has a variety of issues, including radicular low back pain complaints, carpal tunnel syndrome complaints, migraine headaches, etc., which have seemingly proven recalcitrant to time, medications, and conservative measures. The applicant remains off of work. Obtaining the added expertise of a physician in other specialty, such as neurology, is indicated. Therefore, the request is medically necessary.