

Case Number:	CM14-0117573		
Date Assigned:	08/04/2014	Date of Injury:	01/27/2013
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/24/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic hand pain, chronic wrist pain, and bilateral upper extremity paresthasias reportedly associated with an industrial injury of January 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, manipulative therapy and acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for a neurology consultation, citing Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG guidelines, which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a March 14, 2014 doctor's first report, the applicant was placed off of work, on total temporary disability. On January 15, 2014, the applicant had multifocal neck, bilateral shoulder, and bilateral hand complaints with paresthasias about the bilateral arms. Acupuncture, manipulative therapy, topical compounds, and several consultations were endorsed, along with a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation - Cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations p 127, 156; Official Disability Guidelines - Pain Chapter.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints 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 failed a variety of conservative treatments, including time, medications, physical therapy, etc. The applicant is off of work. Obtaining the added expertise of a physician in another specialty, such as a neurologist, is therefore, indicated particularly as many of the applicant's complaints have some neurologic components. Therefore, the request is medically necessary.