

Case Number:	CM14-0150096		
Date Assigned:	09/18/2014	Date of Injury:	12/28/2013
Decision Date:	10/17/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

There is a PR2 report from 07/14/14 indicating no therapy had been performed and was recommended to begin physical therapy. Note June 9, 2014, indicates an orthopedic examination. The insured was reporting off and pain in the neck with radiation into both arms causing pain, numbness and tingling. The pain was aggravated by turning the neck to either side or looking up and down. There was constant pain in the low back with radiation into both legs causing numbness and tingling. Physical examination indicated decreased range of motion in the lumbar spine with normal strength, normal reflexes with reported normal sensation. There was normal strength in the upper extremities with no impingement signs. The insured was recommended for neurologic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-291. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Neck & Upper Back Procedure Summary Official Disability Guidelines-Treatment in Workers' Compensation Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck, Page(s): 301-310.

Decision rationale: The medical records indicate neurologic symptoms of sensory loss in the setting of cervical pain and cervical DJD. The insured is also noted to have new onset of tremors. Neurologic consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings.