

<b>Case Number:</b>	CM14-0161066		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	09/23/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Family Practice, 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:

61 yr. old male claimant sustained a work injury on 10/7/14 involving the low back, right wrist and left shoulder. He was diagnosed with lumbar disc disease and post-laminectomy syndrome. He had a left shoulder rotator cuff repair and underwent physical therapy. A progress note on 7/14/14 indicated the claimant had low back pain, and left shoulder pain. She had been on Gabapentin, Cyclobenzaprine and Lodine. Exam findings were notable for decreased range of motion of the left shoulder. A Pain management and Neurology consultation was requested. A progress note on 8/14/14 indicated the claimant had 80% improvement in the shoulder and "everything else hurts." The claimant had "memory issues." And a Neurology consultation was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consult:** 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, Occupational Medicine Practice Guidelines, 2nd Edition, 2004 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), 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there was no exam or assessment or questionnaire specifying the memory issues. The claimant was on an anti-epileptic. It is unknown if symptoms were due to a medication side effect. Memory screening can be done by a primary care physician and the need for a Neurology consultation is not medically necessary at this point.