

Case Number:	CM14-0050101		
Date Assigned:	07/07/2014	Date of Injury:	12/21/2007
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 Injured Worker (IW) is a 48 year old male with a date of injury cited as 12/21/2007. The mechanism of injury is described as a slip and fall. The IW has been under the treatment of an orthopedic surgeon who has been evaluating the patient for low back pain and right hip pain that is most prevalent in hip abduction. The exam notes from 4/14/2014 report a normal Neurological exam with the only abnormality reported as tenderness of the greater trochanter laterally. A previous evaluation by [REDACTED] dated 2/14/2014 reports the patient had a stroke at work and was taken to an emergency room for evaluation only. The IW then started on a "blood thinner" as part of the initial treatment. The stroke was reported to have occurred in 2014, despite the progress note reporting a 2004 occurrence. The workup of the stroke was not complete at the 2/14/2014 evaluation. There is no brain imaging report referenced in this documentation nor reported residual deficits of a stroke. A previous request for a Neurology consult was determined to not be medically necessary.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: Although the MTUS does not specifically address the necessity of a Neurological consultation, the clinical presentation should determine the most appropriate diagnostic studies and as such what specialist referral is justified. In this case, the IW reports low back pain and right hip pain. According to the progress notes provided, the IW is reported to have a normal neurological examination of the lower extremities with only focal tenderness upon palpation of the greater trochanter. The MTUS supports the use of EMG to identify subtle, focal neurological dysfunction with low back symptoms lasting more than three or four weeks. The IW has a normal lower extremity neurological exam and would not benefit from an EMG. Since this exam is not needed and is a diagnostic service provided by a Neurologist, a consultation to a Neurologist is not needed. In addition, the treating physician reports the IW had a stroke in early 2014 but fails to report any diagnostic imaging results or demonstrate that the IW has any residual symptoms to support the request for an additional consultation to Neurology.