

<b>Case Number:</b>	CM14-0206156		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 35 year old female with date of injury of 12/19/2012. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine, hip arthralgia, and right ankle/foot arthralgia. Subjective complaints include continued low back pain, hip pain, and right foot pain. Objective findings limited range of motion of the lumbar spine with tenderness to palpation of the paravertebrals; limited range of motion of the hip; tenderness over the right trochanteric region; MRI of the hip was normal. Treatment has included Gabapentin, Ibuprofen, physical therapy and a TENS unit. The utilization review dated 12/4/2014 non-certified a neurologist and/or rheumatologist.ACOEM guidelines chapter 7 on referral (p 127).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient referral to neurologist and / or rheumatologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation chapter 7 on referral (p 127)

**Decision rationale:** The ACOEM Guidelines indicate that a referral for consultation is utilized to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for a return to work. A review of the medical records indicate that the patient is undergoing treatment for intervertebral disc disease of the lumbar spine, hip arthralgia, and right ankle/foot arthralgia. There are no further questions discussed in the medical records about potential diagnoses or treatment modalities which would require the specific expertise of a neurologist or rheumatologist. There is no documentation as to how a specialist would help with the diagnosis, prognosis, management or stability of this patient. Therefore, the request for a neurologist and/or dermatologist consult is not medically necessary.