

<b>Case Number:</b>	CM14-0046938		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 Physical Medicine Rehab 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 patient is a 29-year-old male who was injured performing duties as a carpenter on 7/27/13. Medical reports indicate he was working with concrete and after adding water to the concrete began to develop burning in his lower legs. His supervisor recommended he neutralize the burning with water and vingegar. The injuries resulted in an infection and gangrene. He currently reports constant, moderate to severe, aching and buring pain involving the right lower extremity. Additionally he has complaints of numbness, tingling and weakness involving the legs right greater than the left. He sought initial evaluation at [REDACTED]. Legs were cleaned and medications were prescribed. He was referred to a wound center, this was apparently not helpful. He was later referred to [REDACTED] burn center where a cream was prescribed. He was controlling his pain with Norco and Gabapentin. He was advised not to discontinue as the medications were causing GI issues. An initial neurologic evaluation was provided on February 11, 2014. An EMG was recommended and records indicate possible tarsal tunnel syndrome explaining the lower leg symptoms. A permanent and stationary evaluation was provided by the burn center on May 19, 2014. His current diagnoses are:1. Chemical burn involving lower extremity2. Consider post-traumatic neuropathy3. Emotional stress reaction due to chronic pain and disability and associated anxiety and depressionThe utilization review report dated 3/14/14 denied the request for Neurologist follow-up times 6 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist follow-up times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 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, (2004) Chapter 7, 127.

**Decision rationale:** The patient continues to report burning pain involving the right lower extremity along with numbness, tingling and weakness involving the right lower extremity primarily. The March 7, 2014 request was for a Neurologist evaluation x 6. In this case I do not have records from the primary treating physician making the request for neurologic evaluations. However, the Burn Center has found the patient to be permanent and stationary. Initial neurology evaluation recommended an EMG which determined a bilateral tarsal tunnel syndrome was present, and possibly contributing to the lower extremity symptoms. There were no additional recommendations made by the neurologist for additional visits. At this time I have not been provided sufficient medical records from the primary treating physician to support the request for neurologist x 6. Therefore, this request is not medically necessary.