

Case Number:	CM15-0000593		
Date Assigned:	01/12/2015	Date of Injury:	05/13/2011
Decision Date:	03/30/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	01/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 46-year-old female who reported an injury on 05/13/2011. The mechanism of injury involved a fall. The injured worker is currently diagnosed with cervical strain, lumbar strain, disc protrusion, depression with anxiety, headaches, eye complaints, status post right shoulder surgery and internal complaints. The injured worker presented on 10/21/2014 for a followup evaluation. It was noted that the injured worker had multiple complaints with ongoing symptoms in the neck and upper back. The injured worker had completed a course of physical therapy, however, continued to be symptomatic. The injured worker also utilized a cane for ambulation assistance. Upon examination, there was restricted range of motion of the shoulder, lumbar and cervical spine. There was tenderness and spasm, positive straight leg raise and diminished grip strength on the right. Recommendations included several consultations and an MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with neurology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. Within the documentation provided, there was a lack of objective evidence of neurological deficits. It is unclear how the injured worker would benefit from a neurology consultation at this time. Given the above, the request is not medically appropriate.