

Case Number:	CM15-0009314		
Date Assigned:	01/27/2015	Date of Injury:	07/04/2012
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/15/2015

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 27-year-old male who reported an injury on 07/04/2012. The mechanism of injury was a fall. It was noted that his work related injury had affected his lumbar spine, right hip, and right ankle/foot. At his appointment on 12/09/2014, the injured worker's diagnoses were listed as cervical sprain/strain, lumbar sprain/strain, lumbar spine intervertebral disc displacement, knee sprain/strain, anxiety syndrome, depression, and fibromyalgia. His subjective complaints were listed as pain to the low back, bilateral hands, and leg. Physical examination revealed unspecified positive neurological findings and orthopedic findings, as well as restricted/painful range of motion and paraspinal muscle spasm to an unspecified area. The previous determination letter indicated that recommendations were made for an MRI of the cervical spine, 7 acupuncture treatments, a neurological evaluation, and a psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Evaluation (cervical and lumbar spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Acupuncture Treatment Guidelines, Chronic Pain

Treatment Guidelines Page(s): 1;100-101. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & upper back, Office visits.

Decision rationale: The Official Disability Guidelines state the need for office visits should be based on patient concerns, signs and symptoms, and clinical presentation. The injured worker was noted to have pain in his low back, unspecified leg, and bilateral hands. He was also noted to have unspecified neurological findings on physical examination. However, these neurological findings were not specified, and the documentation failed to provide a specific rationale for the neurological evaluation, as the documentation submitted for review indicates that the injured worker has undergone previous neurological evaluation since the time of his injury. In the absence of further documentation and details regarding the documented neurological findings on physical examination, the request is not supported. As such, the request is not medically necessary.