

<b>Case Number:</b>	CM15-0105225		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/05/2013
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 59 year old male who sustained an industrial injury on April 05, 2013. At the time of the injury he sustained head trauma and injury to the neck and lower back. Since then he has had memory difficulties, headaches and chronic pain in the neck and lower back. Diagnoses include sacro-iliac strain, post traumatic stress disorder and depression. Imaging studies of the spine (cervical, thoracic and lumbar) were normal at the time of the injury. Treatment has included medications, physical therapy, brace, and cortisone injections. A provider follow up note dated March 30, 2015 reported continued low back pain, rated 5-7/10, and recurrent headaches. He had associated difficulties with activities of daily living (ADLs). The pain is worse with sitting and better with medications. His current medications consisted of: Amitriptyline, Norco, Colace, Lyrica, and Omeprazole. On exam trigger points were noted in the buttocks, cervical and lumbar range of motion was limited by pain, mild weakness was noted in upper and lower extremities and sensory and reflex exams were normal. The plan of care was a formal request for neurology consultation under the diagnosis of sprains and strains of sacroiliac ligament. The formal request for a neurological consultation was made on April 23, 2015. It was noncertified by Utilization Review on April 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation and follow-up:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Office Visits.

**Decision rationale:** Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. The provider in this case has requested referral to a neurologist for evaluation of memory difficulties and recurrent headaches since a head trauma event in 2013. The symptoms have not improved with conservative care. The request includes a request for follow up visits. Neurologic evaluations typically involve history, physical examination and, when indicated, specific neurologic testing. This patient's symptoms are very non-specific so it is reasonable to expect, at a minimum, the neurologist will request additional studies to ascertain the etiology of the patient's symptoms after which a follow up visit would be anticipated. Referral to a neurologist with associated follow up at this point in the patient's care appears to be appropriate. The request is medically necessary and has been established.