

Case Number:	CM15-0106513		
Date Assigned:	06/10/2015	Date of Injury:	06/07/2012
Decision Date:	07/13/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/02/2015

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

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 32-year-old male, who sustained an industrial injury on 6/7/2012. The current diagnoses are injury to the lumbar region and degenerative disc disease. According to the progress report dated 4/29/2015, the injured worker complains of low back pain with radiation into the bilateral lower extremities with associated numbness and tingling. The pain is rated 6/10 on a subjective pain scale. The physical examination of the lumbar spine reveals tenderness to palpation over the paraspinal muscles. There is restricted range of motion noted. The current medications are Omeprazole and Gabapentin. He is awaiting authorization for Tramadol. Treatment to date has included medication management, home exercise program, TENS unit, and lumbar epidural steroid injection. The plan of care includes neurological consult and return to clinic in 4 weeks for follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological consult and return to clinic (RTC) in 4 weeks for follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the rationale behind the neurology consult is not documented. There are no imaging studies available for review and there is no objective evidence of neurological compromise. The request for Neurological consult and return to clinic (RTC) in 4 weeks for follow-up is determined to not be recommended. In light of the neurological consult not being recommended, the request for 4-week follow-up is also not recommended. The request for Neurological consult and return to clinic (RTC) in 4 weeks for follow-up is determined to not be medically necessary.