

<b>Case Number:</b>	CM15-0106861		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, New York, 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 applicant is a represented 45-year-old who has filed a claim for chronic shoulder, neck, wrist, and hand pain reportedly associated with an industrial injury of March 3, 2014. In a utilization review report dated May 22, 2015, the claims administrator failed to approve a request for an evaluation and consultation (a. k. a. referral) with a neurologist. The claims administrator referenced a progress note of April 21, 2015 and an associated RFA form of April 30, 2015 in its determination. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. In an RFA form dated April 22, 2015, a neurology referral was sought. In a progress note dated April 30, 2015, the treating provider noted that the applicant had ongoing issues with neck pain, cervical radiculopathy, cervical spinal stenosis, and bilateral carpal tunnel syndrome. The attending provider stated on this date that he was seeking a neurosurgical consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Evaluation and Consult with a Neurologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

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

**Decision rationale:** No, the request for an evaluation and consultation (a. k. a. referral) with a neurologist was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the requesting provider's RFA form of April 22, 2015 seeking authorization for a neurology consultation was seemingly at odds with the April 30, 2015 progress note on which a neurosurgical consultation was sought. Little-to-no rationale or commentary accompanied the April 22, 2015 request for a neurologist evaluation. It was not clear why a neurologist evaluation was being sought if, as the treating provider suggested in his letter dated April 30, 2015, that the applicant was a candidate for neurosurgical intervention. Therefore, the request was not medically necessary.