

Case Number:	CM15-0132983		
Date Assigned:	07/21/2015	Date of Injury:	12/10/2013
Decision Date:	08/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/09/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 (IW) is a 45-year-old female who sustained an industrial injury on 12/10/2013. Diagnoses include lumbago and lumbosacral radiculopathy. Treatment to date has included medications. According to the PR4 dated 6/17/15, the IW reported aching, cramping, pins and needles sensation in her lower back. On examination, cervical range of motion (ROM) was normal, sensation was normal and reflexes were normal. ROM of the lumbar spine was 90% normal. MRI of the lumbar spine revealed the disc may touch nerves at the L5-S1 level and there was mild foraminal stenosis at L3-L5, per the provider's notes. The PR2 dated 6/17/15 is referenced for the following information: The IW was present for medication refill. She had trouble standing. She suffered from anxiety, which resulted in an emergency room visit. Objective findings included 4/5 bilateral ankle flexion and decreased sensation in the L5 dermatome bilaterally. There was also pain on palpation over the iliac crest, right greater than left. The IW's Gabapentin was to be increased and electrodiagnostic studies were going to be requested due to increasing radicular symptoms. A request was made for neurological consultation as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological consultation as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints.

Decision rationale: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for: Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing radicular complaints however the need for EMG has not been established per the ACOEM in the provided clinical documentation. Therefore, the need for neurology referral is not medically necessary.