

Case Number:	CM15-0169428		
Date Assigned:	09/10/2015	Date of Injury:	08/20/2008
Decision Date:	10/22/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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 41-year-old who has filed a claim for chronic low back, knee, neck, wrist, hand, and hip pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of August 20, 2008. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for a neurology consultation. The claims administrator did not incorporate any guidelines in its determination but stated that its decision was based on non-MTUS ODG guidelines, the text of which was not seemingly incorporated into the report rationale. A July 13, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of low back pain with right upper extremity paresthesias. The applicant was dropping articles. Right lower extremity pain was also reported. An internal medicine evaluation was sought. The applicant had developed a variety of psychiatric issues, it was reported. The applicant had received a Toradol injection. The attending provider suggested a neurology consultation to evaluate the applicant's allegations of sleep disturbance. Ativan, Cymbalta, oxycodone, topical compounds, Flector and Neurontin were endorsed, while the applicant was kept off work, on total temporary disability. The requesting provider was an orthopedist, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) neurology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Yes, the proposed neurology consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill equipped to address issues with and/or allegations of sleep disturbance. Obtaining the added expertise of a practitioner better equipped to address these issues and/or allegations such as a neurologist, was, thus, indicated. Therefore, the request was medically necessary.