

<b>Case Number:</b>	CM15-0180072		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	08/17/2013
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 22-year-old who has filed a claim for groin pain reportedly associated with an industrial injury of August 17, 2013. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a neurology consultation to address allegations of nerve entrapment symptoms following a failed inguinal herniorrhaphy procedure. The claims administrator referenced an August 11, 2015 office visit in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked in the determination, despite the fact that the MTUS addressed the same. On said August 11, 2015 office visit, the applicant reported ongoing issues with chronic groin pain, 8/10. The applicant reported issues with sleep disturbance. The applicant was on Tylenol for pain relief. The applicant was receiving disability benefits, stated in the vocational history section of the note. A neurology consultation was sought on the grounds that the applicant had inexplicable pain arising from the groin region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurologist consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Yes, the request for a neurologist consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should leave the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing, longstanding groin pain complaints, it was acknowledged on August 11, 2015. The applicant was seemingly off of work. Obtaining the added expertise of a practitioner in another specialty, namely a neurologist, was thus, indicated to identify the source of the applicant's ongoing pain complaints. Therefore, the request was indicated, at a minimum, to try and identify the source of the applicant's ongoing pain complaints. The request was medically necessary.