

Case Number:	CM15-0200229		
Date Assigned:	10/15/2015	Date of Injury:	09/01/2009
Decision Date:	12/03/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 is a 61 year old male, who sustained an industrial injury on 9-1-09. The injured worker was diagnosed as having low back pain. Treatment to date has included physical therapy and medication including Gabapentin and Norco. On 7-20-15 numbness was noted in the arms and legs. Physical examination findings on 7-20-15 included bilateral lower extremity paresthasias. Examination reports have also noted weakness of the lower extremities. On 8-27-15, the injured worker complained of low back pain with radiation to the right anterior thigh. The treating physician requested authorization for a referral to a neurologist. On 10-1-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Office visits.

Decision rationale: According to ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The medical records note that the injured worker has weakness and paresthesias of the lower extremity. The injured worker has undergone conservative management with physical therapy and medications. At this juncture, the request for specialty referral is supported. The request for one referral to neurologist is medically necessary and appropriate.