

Case Number:	CM15-0200982		
Date Assigned:	10/16/2015	Date of Injury:	11/09/2013
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 56 year old male who sustained an industrial injury on November 09, 2013. The worker is being treated for: lumbar pain, disc syndrome, right leg radiculopathy. Medications: July 07, 2015, August 04, 2015, September 01, 2015, September 29, 2015 Tramadol, Naproxen, Flexeril. May 12, 2015 prescribed Norco, Naproxen, and Flexeril. Subjective: September 29, 2015 low back and bilateral leg pains; Requesting medications. Objective: September 29, 2015 mild muscle spasms in right upper lumbar region, diminished lumbar range of motion in flexion only to 45 degrees and extension only to 10 degrees with pain at end ranges, SLR elicits low back pain at 60 degrees, right, Faber's test showed sacroiliac joint pain bilaterally, DTR were two plus bilaterally. Diagnostic testing: nerve conduction study, MRI lumbar spine July 20, 2015. Treatment modalities: activity modification, medications. On October 02, 2015 a request was made for neurological consultation that was noncertified by Utilization Review on October 05, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Consultation: 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), Pain chapter.

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

Decision rationale: The MTUS Guidelines generally encourage follow up care when needed to maximize the worker's function. The submitted and reviewed records indicated the worker was experiencing lower back pain and leg pain. Electrodiagnostic testing showed nonspecific but unexpected results that were non-diagnostic. In light of this supportive evidence, the current request for a consultation with a neurology specialist is medically necessary and appropriate.