

Case Number:	CM15-0023481		
Date Assigned:	02/13/2015	Date of Injury:	08/02/2012
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 51-year-old male, with a reported date of injury of 08/02/2012. The diagnoses include closed head injury, cervical strain/sprain, and cervical degenerative disc disease with central stenosis at C3-4. Treatments have included a cervical epidural on 01/02/2015, an x-ray of the cervical spine, MRIs of the cervical spine, and oral medications. The progress report dated 01/20/2015 indicated that the injured worker continued to complain of significant left cervical trapezial pain with radiation down the hand and episodic numbness into the left hand. There was no motor weakness found on examination. The injured worker also complained of episodic neck pain with numbness down the arm. The injured worker had complaints of headaches, memory loss, and ringing in the ears; therefore, the treating physician recommended a neurology consultation. On 02/05/2015, Utilization Review (UR) denied the request for a neurology consultation, noting that if the pain continued, a referral to a spine surgeon would be medically appropriate. The MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck Page(s): 301-310.

Decision rationale: The medical records indicate neurologic symptoms of episodic neck pain with numbness down the arm. The injured worker had complaints of headaches, memory loss, and ringing in the ears; therefore, the treating physician recommended a neurology consultation. MTUS supports specialty referral to aid the primary physician with diagnostic and management of conditions outside their area of specialty. Neurologic consultation is supported to provide primary treating physician with information for diagnosis, treatment and prognosis of neurologic findings.