

Case Number:	CM15-0027194		
Date Assigned:	02/19/2015	Date of Injury:	05/31/2012
Decision Date:	03/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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: North Carolina

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 42 year old male who sustained an industrial injury on 5/31/12. The injured worker reported symptoms in the back and lower extremities. The diagnoses included headaches: cervical with right upper extremity neuralgia, thoracic strain/sprain lumbar disc with right leg neuralgia, post-concussion syndrome and gait disorder vertigo (improved). Treatments to date include oral medications, chiropractic treatments, physical therapy. In a progress note dated 1/12/15 the treating provider reports the injured worker was with "tenderness on palpation with limited, painful range of motion and positive orthopedic evaluation to cervical, thoracic, lumbar spine." On 2/2/15 Utilization Review non-certified the request for a neurology consultation evaluation and treatment for the head, neck and thoracic spine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

A neuro consult evaluation and treatment for the head, neck and thoracic spine:

Overtuned

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 Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 163

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM :The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit form additional expertise. A referral may be for:1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability.The patient has ongoing complaints of back pain and headaches that have failed treatment by the primary treating physician. Therefore criteria for a consult have not met and the request is certified.