

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0210468 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 08/27/2001 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: New Jersey

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 41 year old female, who sustained an industrial injury on 8-27-01. The injured worker was diagnosed as having chronic pain syndrome, degeneration of cervical intervertebral disc, and lumbosacral and thoracic neuritis or radiculitis. Treatment to date has included left shoulder surgery, ulnar repair surgery, bilateral carpal tunnel surgery, cervical injection, physical therapy, and medication including Amitriptyline, Hydroxyzine, Pennsaid, Tramadol, and Zanaflex. Physical examination findings on 9-28-15 included tenderness and spasm in bilateral trapezius and hip bursa. Bilateral arm range of motion was decreased. No motor or sensory abnormalities were noted in the upper extremities. Biceps, Triceps, Wrists, Patella, and Achilles reflexes were noted to be normal. On 9-28-15, the injured worker complained of neck and shoulder pain rated as 8 of 10. The treating physician requested authorization for a referral to a neurological specialist. On 10-19-15 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:

Referral to neurological specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 5, Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM p. 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. Upon review of the notes provided for this case, there was a recent request for referral to neurological specialist consultation. However, no explanation accompanied this request and no clues for an indication or justification were identified in the notes provided, recent or otherwise. Included in the subjective complaints of an older progress note were migraine headaches; however, the most recent note prior to this request did not include any complaints of migraines or any other new neurological complaints nor was there any abnormal physical findings documented to suggest a neurological problem that would need a specialist consultation. Without a more clear and justified indication for this request, it will be regarded as not medically necessary at this time.