

Case Number:	CM15-0032673		
Date Assigned:	02/26/2015	Date of Injury:	11/21/2012
Decision Date:	04/10/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 11/21/12. He has reported pain in the low back, left knee and neck related to cumulative trauma. The diagnoses have included degenerative disc disease, cervicgia and pain in the right shoulder. Treatment to date has included lumbar and cervical MRI, physical therapy, EMG study and oral medications. As of the PR2 dated 12/30/14, the injured worker reports left neck pain that radiates to the left arm and low back pain that keeps him in bed all day. The treating physician requested neurologist consultation. On 2/19/15, Utilization Review non-certified a request for a neurologist consultation. The utilization review physician cited the ACOEM guidelines. On 2/20/15, the injured worker submitted an application for IMR for review of a neurologist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with low back pain and left-sided neck pain radiating to the left shoulder and the left arm, down into the second and third fingers of the left hand. The request is for CONSULT WITH A NEUROLOGIST. MRI findings in 11/2013 showed various degrees of disc protrusion at C3, C4, C5, C6 and C7. Patient has completed 24 sessions of physical therapy with benefits. Per 01/30/15 progress report, patient's diagnosis includes cervical strain and low back pain. Patient's medications, per 12/30/14 progress report include Afrin, Allopurinol, Amitriptyline, Amlodipine Besylate, Bactrium DS, Caredilol, Cyclobenzaprine, Fosinopril, Hydrocodone and Hydroquinone. Patient is retired. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Treater has not provided a reason for the request. No RFA was provided either. Patient has been suffering from chronic low back and neck pain radiating to the left upper extremity. The ACOEM Guidelines support the referral of patients to other specialists 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. However, the treater does not discuss why neurological consultation is needed. The patient suffers from chronic pain with multi-level protruding discs. Neurologists typically do not handle these cases. Without an explanation from the treater as to why a neurology input is needed, the request IS NOT medically necessary.