

Case Number:	CM15-0033249		
Date Assigned:	02/26/2015	Date of Injury:	03/02/2004
Decision Date:	04/07/2015	UR Denial Date:	02/08/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on March 2, 2004. He has reported inguinal pain and lumbar spine pain. The diagnoses have included cervical spine strain, thoracic spine disc bulges, right hip strain, left hip strain and right knee strain. Treatment to date has included radiographic imaging, diagnostic studies, laboratory studies, conservative therapies, pain medications and work restrictions. Currently, the IW complains of inguinal pain and lumbar spine pain. The injured worker reported an industrial injury in 2004 resulting in inguinal pain and lumbar spine pain. He has been treated conservatively with pain medications without resolution of the chronic pain. Evaluation on October 24, 2014, revealed continued pain. Ultram was refilled. On February 8, 2015, Utilization Review non-certified a request for Referral to a Neurologist, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 13, 2015, the injured worker submitted an application for IMR for review of requested Referral to a Neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, page 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral neurologist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis are cervical spine strain; thoracic spine disc bulges; lumbar spine disc bulge; right hip strain; left hip strain; right knee strain; left knee strain; right ankle foot strain; and left ankle foot strain. In a progress note dated January 28, 2015, the treating physician requested a neurologic consultation and a pain management evaluation. The pain management evaluation was certified. The documentation from January 28, 2015 does not contain any subjective or objective neurologic symptoms or signs. Three entries were handwritten into the physical examination section of the progress note. It stated right anterior thigh intact, right lateral calf intact, and right lateral ankle intact. There was no motor examination, sensory examination or any other neurologic findings in the medical record. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. There is no documentation in the medical record indicating a consultation clinically indicated. Consequently, absent clinical documentation of a neurologic evaluation with a clinical indication or rationale for a neurological evaluation, referral neurologist is not medically necessary.