

Case Number:	CM15-0046518		
Date Assigned:	03/17/2015	Date of Injury:	03/05/2013
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/09/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 61 year old male, who sustained an industrial injury on 03/05/2013. He has reported subsequent back pain and was diagnosed with spondylolisthesis of the lumbosacral region, sacroiliac ligament and lumbar myofascial sprain-strain and lumbar spinal stenosis. Treatment to date has included oral pain medication, application of heat and ice and a home exercise program. In a progress note dated 02/09/2015, the injured worker complained of continued neck and low back pain with numbness to the bilateral upper extremities. Objective findings were notable for tenderness of the paravertebral musculature of the cervical and lumbar spine, sciatic notches, sacroiliac joints and buttocks, positive straight leg raise, Lasegue and Spurling's signs and diminished sensation in C5 and C6. The physician noted neurology consultation would be ordered to rule out radiculopathy vs. carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a neurology evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. The patient is not a candidate where surgery or other treatments would clearly be warranted. Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernible indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003)The provider did not document lack of pain and functional improvement that require a specialist consultation. The requesting physician did not provide a documentation supporting the medical necessity for the consultation. The documentation did not include the reasons, the specific goals and end point for using the expertise of a specialist for the patient pain. Therefore, the request for Neurology consultation is not medically necessary.