

<b>Case Number:</b>	CM15-0046711		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/16/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 (IW) is a 47 year old female who sustained an industrial injury on 12/16/2014. She reported back pain with radicular symptoms into the left leg and foot. The injured worker was diagnosed as having displacement of lumbar disc, and sprain/strain lumbar. Treatment to date has included Prozac, Robaxin, Naprosyn, and aquatherapy. Currently, the injured worker complains of soreness in the low back with numbness in the left lower extremity. Treatment plan includes a Neurological consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurological consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back procedure summary.

**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 back pain radiating to lower extremity. The request is for neurological consultation. The request for authorization is not provided. MRI of the lumbar spine, 01/26/15, shows mild to moderate disc height loss with a left paracentral to left lateral recess disc extrusion measuring 7mm AP and extending 4mm below the superior endplate of L1; this impinges the transiting left S1 nerve root and severely narrows the left lateral recess. Positive straight leg raise on the left. The patient is authorized for aqua therapy. Patient's medications include Prozac, Robaxin and Naprosyn. The patient is not working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "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." Treater does not discuss the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a neurological consultation. Given the patient's condition, the request for a consultation appears reasonable. Therefore, the request IS medically necessary.