

<b>Case Number:</b>	CM15-0082152		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	07/11/2003
<b>Decision Date:</b>	06/04/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on July 11, 2003. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having headache/facial pain, post lumbar laminectomy syndrome, post cervical laminectomy syndrome, carpal tunnel syndrome, lumbar/lumbosacral disc degeneration, cervical disc degeneration, cervical spondylosis with myelopathy, lumbar radiculopathy, disorder of coccyx not otherwise specified, spasm of muscle, and mood disorder. Diagnostic studies to date have included EMG/NCS (electromyography/nerve conduction study), urine drug screening, and MRI. Treatment to date has included physical therapy, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, lumbar epidural steroid injections, cervical facet medial branch rhizotomy, a single-point cane, and medications including pain, muscle relaxant, and anti-epilepsy. On March 26, 2015, the injured worker complains of lower backache without any associated symptoms. Her pain is rated 7/10 with medications and 9/10 without medications. She reports her medications are working well. There is no change in her activities of daily living, activity level, and quality of life. The physical exam revealed a global antalgic gait assisted by a cane, a lumbar surgical scar, and restricted lumbar range of motion with pain in all planes. There was bilateral paravertebral muscles hypertonicity, spasm, tenderness, and tight muscle band. There was lumbar 3-lumbar 5 spinous process tenderness, inability to heel and toe walk, positive bilateral lumbar facet loading, and decreased bilateral ankle jerk. The left lower extremity motor strength was decreased. There

was decreased sensation to light touch over the left lateral foot, and absent sensation to pinprick over on both sides. The treatment plan includes a referral to a neurologist.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Referral to neurologist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The injured worker has neurological deficits, but the requesting provider does not provide a rationale why a specialist is indicated. The medical necessity for referral to a neurologist has not been established in this case. The request for 1 Referral to neurologist is determined to not be medically necessary.