

Case Number:	CM14-0134613		
Date Assigned:	08/27/2014	Date of Injury:	02/02/2011
Decision Date:	09/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year old female with a 2/2/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/11/14 was handwritten and largely illegible. It noted subjective complaints of lower back pain radiating to the right leg . Objective findings included non-tender spine, normal gait and motor strength. Diagnostic Impression: neck and right shoulder pain, low back pain Treatment to Date: medication management, physical therapy A UR decision dated 7/22/14 denied the request for neurology consult (lumbar spine). Medical records suggest the patient has had longstanding symptoms of pain, numbness and weakness without change in symptoms. There is no documentation as to the success or failure of previous conservative care and records do not provide a clinical indication as to why a neurology consultation is being requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT (LUMBAR SPINE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) chapter 6 independent medical examinations and consultations pg 127, 156 Official Disability Guidelines (ODG) pain chapter.

Decision rationale: This is a 55 year old female with a 2/2/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/11/14 was handwritten and largely illegible. It noted subjective complaints of lower back pain radiating to the right leg . Objective findings included non-tender spine, normal gait and motor strength. Diagnostic Impression: neck and right shoulder pain, low back pain. Treatment to Date: medication management, physical therapy. A UR decision dated 7/22/14 denied the request for neurology consult (lumbar spine). Medical records suggest the patient has had longstanding symptoms of pain, numbness and weakness without change in symptoms. There is no documentation as to the success or failure of previous conservative care and records do not provide a clinical indication as to why a neurology consultation is being requested. Therefore the request is not medically necessary.