

<b>Case Number:</b>	CM13-0051049		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/27/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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: Texas, Ohio, 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 applicant is a represented 56-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with industrial injury of July 27, 2010. In a Utilization Review Report dated November 1, 2013, the claims administrator failed to approve a neurologic consultation. The claims administrator referenced a January 9, 2013 office visit in its determination. Non-MTUS Chapter 7, ACOEM Guidelines were invoked to deny the request and were, furthermore, mislabeled as originating from the MTUS. The claims administrator noted that applicant had issues with upper extremity paresthesia suggestive of cubital tunnel syndrome and carpal tunnel syndrome, but went on to deny the request. The applicant's attorney subsequently appealed. On January 9, 2013, the applicant reported 9/10 shoulder pain claims and upper extremity paresthesias. The applicant was not working. The applicant attributed all her symptoms to an industrial motor vehicle accident (MVA). The applicant was on Ambien, Nexium, and Vicodin. A neurologic consultation, cervical MRI, and electrodiagnostic testing were endorsed. It was stated that the applicant had issues with carpal tunnel syndrome. The requesting provider was an orthopedist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEUROLOGIC CONSULTATION:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92 OCCUPATIONAL MEDICINE PRACTICE GUIDELINES.

**Decision rationale:** Yes, the request for a neurologic consultation (AKA neurology consultation) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating or addressing a particular cause of delayed recovery. Here, the applicant's treating provider, an orthopedist, has suggested that he is ill-equipped to address issues and/or allegations of upper extremity paresthesias suggestive of carpal tunnel syndrome. Obtaining the added expertise of practitioner better-equipped to address such issues and/or allegations, namely a neurologist, was, thus, indicated. Therefore, the request was medically necessary.