

<b>Case Number:</b>	CM14-0163137		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/13/2004
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

2/18/14 note reports the insured has pain in the neck and low back and upper extremities. There is more pain to both hands and states the right arm has more symptoms. There is weakness, burning, shooting, and electrical pain. There is difficulty ambulating. There is bowel and bladder incontinence. There is a history of L4-5 and L5-S1 discectomy in 1998 and repeat surgery in 2005. Examination notes weakness in the lower extremities rated 4/5 with bilateral straight leg raise. There is hypesthesia in the left L5 and S1 dermatomes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with Neurologist:** Overturned

**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 Guidelines neck Page(s): 301-310.

**Decision rationale:** Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. Therefore, this request is medically necessary.

