

Case Number:	CM14-0210001		
Date Assigned:	12/23/2014	Date of Injury:	01/03/2007
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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 & Rehabn

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 patient is a 44 year old female with the injury date of 01/03/07. Per 11/6/14 report, the patient has low back pain, radiating down right lower extremity. The patient had lumbar spine surgery on 12/19/12 with 30% improvement. The patient had epidural 3 injections in 2009 which gave pain relief for several weeks. EMG/NCV tests show acute right L5 lumbar radiculopathy. The patient is considered DRE category V and provided 28% whole person impairment. The patient has had physical therapy, chiropractic treatment and restoration program. The patient is taking Lidoderm patch, Ultram, Butrans, Ambien Cr, Lyrica and Prilosec. Per the utilization review letter 11/26/14, the lists of diagnoses are: 1) Displacement lumbar intervert disc w/o myelopathy 2) Postlaminectomy syndrome cervical region 3) Lumbar sprain/strain The patient has suffered from migraine mostly in the left side of her head and hypertension, related to the patient's pain. The provider recommended the patient to see internal physician to address AOE/COE of hypertension and neurologist to address AOE/COE of migraine headaches. The utilization review determination being challenged is dated on 11/26/14. One treatment report was provided on 11/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurology.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 7, page 127 Consultation

Decision rationale: The patient presents with pain and weakness in her lower back and right extremity. The patient also suffers from hypertension and migraine headaches. The patient is s/p lumbar spine surgery on 12/19/12. The request is for Consultation with Neurology. 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." In this case, the provider requested consultation with neurologist to address AOE/COE of migraine headaches. The request is to determine causation, it would appear, and not for medical treatments. Labor code 9792.6 under definition of utilization review states that it does not include determinations of the work-relatedness of injury or disease. Since the request is to address causation and not treatment, medical necessity cannot be recommended. The request is not medically necessary.