

Case Number:	CM14-0210849		
Date Assigned:	12/23/2014	Date of Injury:	10/17/2013
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/16/2014

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 60-year-old with a reported injury date of 10/17/2013. The patient has the diagnoses of lumbar sprain/strain, Lumbosacral radiculitis, lumbar degenerative disc disease, shoulder impingement and rotator cuff repair. Per the progress reports from the requesting physician dated 10/30/2014, the patient had complaints of persistent low back pain with radiation to the back and left foot. The physical exam noted tenderness in the lumbar paraspinal muscles and restricted lumbar range of motion. Treatment plan recommendations included work restrictions, pain medication and referral to neurology for migraine headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with neurologist for migraines/headaches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

Decision rationale: Per the ACOEM, referral or consults may be necessary when: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, a neurology consult was requested for treatment of the patient's migraines. The re treatment of migraine headaches would be out of the usual scope of practice, orthopedics, of the primary treating physician. Therefore the criteria for consult have been met and the request is medically necessary.