

Case Number:	CM14-0217855		
Date Assigned:	01/07/2015	Date of Injury:	04/28/2012
Decision Date:	03/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 45 year old male with a date of injury of April 28, 2012. Results of the injury include the left groin. Diagnosis include syncopal episode 11/11/2014 compensable consequences. Without neurontin for groin pain syncopal episode would not have occurred, s/p left inguinal hernia repair 7/27/2012, left inguinal triple neurectomy 4/2/2014, chronic left inguinal pain, depression due to above, AME [REDACTED] 6/11/2014, Pre-op EKG 11/19/2014 normal. Treatment has included surgery, neurontin, xanax, cialis, zolpidem, fluvoxamine, and psychological evaluation. Medical imaging unavailable. Progress report dated November 19, 2014 showed testes descended bilateral, non tender, with no masses. There was no palpable inguinal hernia. There was a healed surgical scar that was healing well. Work status was noted as modified work duty. Treatment plan included a neurology evaluation, continue pain management, and nerve stimulator placement. Utilization review form dated December 5, 2014 non certified 1 Neurology consultation for a syncopal episode due to noncompliance with Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Neurology consultation for syncopal episode: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and endpoint for using the expertise of a specialist. There is no documentation that the patient developed neurological focal signs or any neurological dysfunction.