

<b>Case Number:</b>	CM15-0016253		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	12/11/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 46 year old female, who sustained an industrial injury on December 11, 2012. She has reported lower back pain and leg pain. The diagnoses have included lumbar spine degenerative disc disease, lumbar spine radiculopathy, and post laminectomy syndrome. Treatment to date has included physical therapy, back surgery, medications, and imaging studies. A progress note dated January 16, 2015 indicates a chief complaint of continued back pain and partial loss of sensation of the back of the left lower leg. Physical examination showed tenderness to palpation of the lumbar spine, sacroiliac area and sacrum, and pain with movement. The treating physician is requesting a consultation with a neurologist for the lumbar spine, left lower leg, thigh and pelvis. On January 28, 2015 Utilization Review denied the request for the consultation citing the ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a neurologist (lumbar, left lower leg/thigh, pelvis): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Knee and Leg

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Low back and Thoracic, Office visits

**Decision rationale:** The ODG state that office visits are Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the patient was recently approved to see pain management. The medical records fail to demonstrate or explain why and neurology consultation would be warranted in addition to the pain management specialist. As such, the request for Consultation with neurologist for lumbar spine, left lower leg, thigh and pelvis is not medically necessary.