

Case Number:	CM15-0126775		
Date Assigned:	07/13/2015	Date of Injury:	10/23/2014
Decision Date:	08/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 54-year-old female who sustained an industrial /work injury on 10/23/14. She reported an initial complaint of neck, thoracic and back pain. The injured worker was diagnosed as having lumbago, lumbosacral spondylosis without myelopathy, anxiety and depression. Treatment to date includes medication, diagnostics, and neurology consult. MRI results were reported to demonstrate L4-5 broad based disc bulge with right annular tear. Currently, the injured worker complained of right lower extremity pain. Per the qualified medical exam report on 5/22/15, exam notes right lower extremity pain with probable L4 dermatome, positive right sided Spurling's. The requested treatments include outpatient neurology consultation for evaluation and treatment to lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Neurology Consultation for Evaluation and Treatment to Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, outpatient neurology consultation for evaluation and treatment lumbar spine is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates; for certain, antibiotics require close monitoring. In this case, the injured worker's working diagnoses are persistent right lower extremity pain; evidence of lumbar disc disease particularly at L4-L5 possible right-sided nerve root irritation; and reactive SI joint spasm. The date of injury is October 23, 2014. The request for authorization is dated June 2, 2015. Utilization review states the injured worker had a prior neurology consultation October 2014. There was no intervention subsequent to the consult. According to a November 22, 2014 progress note by the primary treating provider, the injured worker saw neurology and neurosurgery. There were no records available for review. According to a May 22, 2015 progress notes, the injured worker has ongoing right lower extremity pain. MRI evaluation showed L4-L5 broad-based disc bulge. The symptoms have remained unchanged. The treatment plan states the treating provider recommended the injured worker have a neurosurgical consultation. "She is not sold on surgery and nor do I necessarily recommend it." There is no clinical discussion, indication or rationale for a neurology consultation. Additionally, a neurology consultation for evaluation may be appropriate, but the treatment is not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and an absent clinical discussion and rationale for a repeat neurology evaluation, outpatient neurology consultation for evaluation and treatment lumbar spine is not medically necessary.