

Case Number:	CM15-0174581		
Date Assigned:	09/16/2015	Date of Injury:	02/25/2005
Decision Date:	12/04/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/04/2015

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, 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 injured worker is a 59 year old male, who sustained an industrial injury on 2-25-2005. Diagnoses include lumbar herniated nucleus pulposus and right knee meniscus tear. Treatments to date were not documented in the records submitted for this review. On 8-3-15, he complained of dizziness and no improvement in back pain with radiation to the foot. The physical examination documented paraspinal muscle spasms and right side straight leg test was positive. The right knee revealed effusion, weakness, crepitation, and decreased range of motion. The plan of care included physical therapy and a neurology consultation. The appeal requested authorization for a neurologist consultation, for symptoms related to multiple body parts (thoracic and lumbar spine, and right knee). The Utilization Review dated 8-13-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with Neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7 Independent Medical Examination & Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: CA MTUS/ACOEM Guidelines, Chapter 7, page 127, supports specialty referrals for patients who meet certain criteria. In this case, the request is for a neurology consultation for symptoms related to multiple body parts (lumbar, thoracic, and right knee). The patient complains of dizziness and on physical exam has some paraspinal muscle spasms. There is no evidence of neurologic symptoms or progressive neurologic deficit. No rationale is presented for possible neurologic mechanism for the patients complaints relating to the right knee (torn meniscus), or chronic back pain (degenerative disc disease). Therefore the request for a neurology consultation is not medically necessary or appropriate.