

<b>Case Number:</b>	CM15-0064434		
<b>Date Assigned:</b>	04/10/2015	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Arizona, California  
 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 55 year old male who sustained an industrial injury on 3/16/10. The diagnoses have included cervical degenerative disc disease (DDD), cervical stenosis, cervical radiculopathy, lumbar stenosis and lumbar radiculopathy. Treatment to date has included medications, epidural steroid injection (ESI); acupuncture 17 sessions, surgery and physical therapy. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 12/22/14. The current medications included Norco, Ibuprofen, Zofran and Flexeril. Currently, as per the physician progress note dated 2/23/15, the injured worker complains of neck and low back pain with persistent and unchanged symptoms. He also notes grinding in the base of the neck and daily headaches with nausea and unable to eat anything and hold it down. He also states that he is more depressed, frustrated and has gained 40 pounds. The neck pain was rated 9/10 on the pain scale with numbness in the upper extremities. The low back pain was rated 9/10 on pain scale with stabbing pain and extension of pain into the bilateral lower extremities. He states that the headaches are constant and on the right side of the head. The objective findings revealed cervical trigger points, limited range of motion in the cervical and lumbar spine, diminished cervical and lumbar sensation, and positive Spurling's test on the left side. Treatment plan was to request Magnetic Resonance Imaging (MRI) of the lumbar spine, internal medicine consult, orthopedic follow up, psychiatric follow up pain management consult, and medications re-filled and follow up in 2 months. The physician requested treatment included Neurology Consultation - Lumbar Spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology Consultation - Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - pain chapter and pg 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. 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. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, there was a prior request in January for a neurologist consult for headaches and migraines. In 2/2015, the request was for pain management for headaches as well as back pain. The claimant had known cervical radiculopathy and lumbar stenosis. There was no indication for the specific need for diagnosis or intervention needed from a neurologist. An additional MRI was pending for the lumbar spine. The request for a neurologist is not medically necessary.