

Case Number:	CM15-0077938		
Date Assigned:	04/29/2015	Date of Injury:	09/20/2013
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: North Carolina, Georgia
 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 45 year old female, who sustained an industrial injury on September 20, 2013. The injured worker reported head, neck and shoulder pain. The injured worker was diagnosed as having cervical radiculopathy, cervical strain, myofascial pain and cervical degenerative disc disease (DDD). Treatment and diagnostic studies to date have included injection, acupuncture, magnetic resonance imaging (MRI), electromyogram, nerve conduction study, physical therapy and medication. A progress note dated March 18, 2015 the injured worker complains of right side shoulder and neck pain with facial numbness. Physical exam notes tenderness of paraspinal and trapezius area. The plan includes neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: ACOEM indicates that specialty consultation may be pursued when the diagnosis is uncertain or complex or when the course of care may benefit from additional expertise. In this case, the request is for a neurology consultation because of persistent pain right shoulder and neck. There are no red flag findings on physical exam. The claimant has already had nerve conduction studies which showed no evidence of any neuropathy/nerve damage. There is no submitted rationale for the neurology evaluation and it is not medically necessary.