MAXIMUS Federal Services

Case Number:	CM13-0056852		
Date Assigned:	12/30/2013	Date of Injury:	03/16/2010
Decision Date:	08/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/23/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who has submitted a claim for degenerative disc disease and vertebral fracture associated with an industrial injury date of March 16, 2010. Medical records from 2013 were reviewed, the latest of which dated November 26, 2013 revealed that the patient complains of low back pain. She also complains of headache pain. The pain is also localized in the lumbosacral and right lumbar, and radiates down the legs. The patient describes the pain as being hot, sharp and throbbing. She describes the pain as being a 6/10, but when it is worse, it could be a 10/10. The pain increase with prolonged walking, and relieved when lying down. She denies extremity weakness or numbness. She states the pain interferes in some daily activities like job. On physical examination, the gait is grossly normal with limping. There is limitation range of motion with flexion, extension, rotation, lateral flexion and facet loading maneuver due to moderate pain. There is also tenderness over the spinous process, interspinal ligament, lumbar paraspinal muscles and buttock area. There is tenderness of the sacroiliac joints. The pain radiates down the lateral aspect of both thighs. There is positive FABER test and Gaenslen test on both sides. On another progress report dated November 26, 2013, VAS score is 7/10. Gait is slow and deliberate. She uses a cane. Pain was elicited over the bilateral lumbar paraspinal muscles, right facet joint and right gluteal region. There is spasm over the bilateral lumbar paraspinous muscles area. There is limitation in range of motion of the lumbar spine in flexion to approximately 15 degrees, extension to approximately 5 degrees, left lateral flexion to approximately 15 degrees, right lateral flexion to approximately 10 degrees. There is decreased muscular strength in the right quadriceps 4/5 and left iliopsoas muscles. Deep tendon reflex in the bilateral patellar tendon is and in the bilateral Achilles tendon is +4 with clonus. Treatment to date has included TENS, physical therapy, trigger point injections, functional restoration program, and medications which include Ambien, Mobic, Neurontin, Zanaflex, Norco, Amrix,

Voltaren XR, Percocet, Flector, and Tiger balm pain patch. Utilization review from November 8, 2013 denied the request for second opinion with a neurologist (hyperreflexia) because the patient has already completed a neurology consult and the results should be reviewed prior to the performance of additional consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OPINION WITH A NEUROLOGIST FOR HYPERREFLEXIA: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Worker's Compensation, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations, pg. 127, 156.

Decision rationale: According to pages 127 and 156 of the ACOEM Guidelines referenced by California MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, consult with a neurologist for a second opinion was requested to evaluate the noted hyperreflexia. A neurology consult was done last October 24, 2013 with no noted hyperreflexia on physical examination. In the most recent clinical evaluation, deep tendon reflexes at the bilateral patella graded 3/4 and +4 with clonus in the bilateral Achilles were noted. There are objective findings that warrant further consult with a neurologist. Therefore, the request for second opinion with a neurologist (hyperreflexia) is medically necessary.