

Case Number:	CM14-0001253		
Date Assigned:	01/22/2014	Date of Injury:	12/10/2012
Decision Date:	07/09/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/03/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 23-year-old male who reported an injury after he fell through a deck on 12/10/2012. The clinical note dated 02/03/2014 indicated diagnoses of status post left ankle instability repair and lumbar strain. The injured worker reported pain and stiffness with the left ankle that was improving with physical therapy and continued lumbar pain. On physical exam of the left ankle, the injured worker had tenderness to palpation with anterior talofibular ligament with decreased range of motion with pain with range of motion. Exam of the lumbar spine revealed spasms, tenderness, decreased range of motion with pain, decreased sensation and strength. The injured worker's prior treatments included surgery and medication management. The injured worker's treatment plan included physical therapy consult for lumbar spine evaluation, consult for pain management, acupuncture and chiropractic therapy, consult for psych evaluation, dentist, and consultation for neurology. The provider submitted a request for consult with a neurologist. A request for authorization dated 12/09/2013 was submitted for consult with a neurologist; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability

Guidelines TWC 2010 (Acute and Chronic) Office Visits and Institute for Clinical Systems Improvement 2000 Oct.66 pages Specialty consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), updated guidelines, Chapter 6, page 163.

Decision rationale: The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The documentation submitted indicates the injured worker's diagnoses included status post left ankle instability repair and lumbar strain. However, neurological deficits were not documented on examination to support the necessity of a neurological consultation. It is not indicated how a neurological consultation would aid in the provider's determination of prognosis, therapeutic management and determination of medical stability for the injured worker. In addition, there is no clear rationale to support the consultation. Therefore, the request for a Consult with a Neurologist is not medically necessary.