

Case Number:	CM14-0004577		
Date Assigned:	02/05/2014	Date of Injury:	09/29/2010
Decision Date:	04/29/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in Texas. 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 physician 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 49-year-old female who reported an injury on 09/29/2010. The mechanism of injury was not provided for review. The patient ultimately underwent cervical discectomy partial corpectomy and fusion at the C5-6 and C6-7. The patient developed progressive ongoing pain complaints of the cervical and lumbar spine. The patient was evaluated on 11/25/2013 and it was noted that the patient was experiencing involuntary twitches throughout her body. Objective findings included normal muscle tone in bulk in all groups with no evidence of tremors or abnormal reflexes. The patient's treatment plan included a referral to neurology. The patient's most recent clinical evaluation dated 12/18/2013 documented that the patient had pain with left shoulder range of motion, limited cervical range of motion secondary to pain and limited lumbar range of motion secondary to pain. The patient's treatment plan included a referral to a neuro surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 NEUROLOGICAL CONSULTATION REGARDING MYOCLONIC JERKS BETWEEN 12/20/2013 AND 2/10/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The 1 neurological consultation regarding myoclonic jerks between 12/20/2013 and 02/10/2014 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend referrals for patients with delayed recover, patients require additional expertise in treatment planning or when patient has symptoms that could lead to a diagnosis outside of the treating provider's scope of practice. The clinical documentation does indicate that the patient complains of involuntary twitches throughout her body. However, physical findings do not support any deficits that would require further investigation by a neurologist. There is no evidence of abnormal reflexes muscle tone. Therefore, the patient's physical findings do not support the request. As such, the requested neurological consultation regarding myoclonic jerks between 12/20/2013 and 02/10/2014 is not medically necessary or appropriate.