

Case Number:	CM14-0005974		
Date Assigned:	02/05/2014	Date of Injury:	03/06/2013
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational 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 69 year old female who was injured on 03/06/2013. The patient was taking out the trash when her foot stuck on the ground, causing her to fall with injury to her left wrist, neck, and back. Diagnostic studies reviewed include MRI of the cervical spine dated 11/04/2013 reveal 1) C3-C4: A 1-2 mm posterior disc bulge resulting in moderate left neural foraminal narrowing 2) C5-C6: A 2-3 mm posterior disc bulge resulting in moderate right and moderate to severe left neural foraminal narrowing and 3) C6-C7: A 2-3 mm posterior disc bulge resulting in moderate to severe bilateral neural foraminal narrowing. MRI of the brain dated 11/04/2013 reveal mild age-related involitional change and periventricular white matter ischemic change. PR2 dated 12/06/2013 indicates the patient rates the pain level as 5/10. Her range of motion has improved. Her strength is unchanged since the last visit Physical therapy has improved her symptoms as well. On exam, the neck reveals tenderness to palpation. The Finkelsteins, Phalen's sign, and Tinel's tests are negative. There is no numbness in the upper extremity. Impingement signs are absent. The ranges of motion of bilateral shoulders are normal. There is tenderness over the paraspinal muscles bilaterally to palpation. Straight leg raise is positive bilaterally. Diagnoses are headache; unspecified back disorder; unspecified musculoskeletal disorders and symptoms; cervical neuritis/radiculopathy; lumbago; and thoracic or lumbosacral neuritis or radiculitis. Prior UR dated 12/27/2013 states there is lack of documentation to support the request for a neuro specialist referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURO SPECIALIST REFERRAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127

Decision rationale: ACOEM guidelines recommend referral to other specialists if a diagnosis is uncertain or extremely complex. The patient is a 69 year old female who suffered multiple injuries including from a fall on 3/6/13. She struck her cheek against the ground. There does not appear to have a LOC (Loss of Consciousness) of concussion. Head CT was apparently negative near the time of the injury. An optometrist apparently requested neurology consultation over 6 months after the injury when the patient complained of diplopia. A subsequent MRI of the brain on 11/4/13 did not show evidence of acute change. At the time of the request, clinic notes do not document neurological complaints or neurological findings on examination. The patient is noted to be improving. Specific rationale is not provided. QME (Qualified Medical Evaluation) on 1/16/14 did not recommend neurology specialist evaluation. Therefore, the request for neurology specialist referral is not medically necessary and appropriate.