

Case Number:	CM14-0013845		
Date Assigned:	02/21/2014	Date of Injury:	05/09/2003
Decision Date:	07/24/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/03/2014

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, has a subspecialty in Neurocritical Care, 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 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 62-year-old female with a 5/09/03 date of injury, when she attempted to lift a heavy individual. An AME dated 11/18/13 described left hip, knee and low back radiating to the lower extremities. RFA (radiofrequency ablation) for the SI joint, reevaluation, PT, medications, imaging/electrodiagnostic testing, and bracing were recommended under future medical care. The patient currently has a SCS and has additional complaints of anxiety, tension, irritability, depression, anhedonia, occasional crying episodes, occasional feeling that life is not worth living, and rare suicidal ideations. Most recently on 12/16/13, the patient reported 2 days of pain relief from RFA and is utilizing pain medications. Clinically, there was an antalgic gait due to low back pain, reduced range of motion; and positive SLR. The patient had sensory loss in the lesser toes of the left foot, however she had intact strength. On 12/17/13, medications, PT, and neurology consult were requested. There was note of hyperreflexia and clonus. Notes from 4/4/13; 5/30/14; 7/11/13; 8/15/13; 9/19/13; 10/17/13; and 12/16/14 revealed a normal neurological examinations.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CONSULTATION WITH A NEUROLOGIST (HYPERREFLEXIA, CLONUS); 12/17/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303.

Decision rationale: The injured worker has a 2003 date of injury and ongoing radicular pain. An AME shortly prior to the request for neurology consult described no need for surgical intervention at this time, instead recommending follow up visits and some conservative treatment. In the future, additional diagnostics may be needed. Review of multiple progress notes did not describe hyperreflexia and clonus. Multiple progress notes described a normal neurological examination. The California MTUS indicates that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. It is not clear that the injured worker's condition is beyond the treating provider's scope of practice. As there is no further discussion of the need for a neurology consultation, and the new onset hyperreflexia and clonus has not been further described, the request is not substantiated as medically necessary.