

Case Number:	CM14-0152503		
Date Assigned:	09/22/2014	Date of Injury:	02/11/2012
Decision Date:	10/24/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/18/2014

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 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 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 63-year-old male with a 02/11/12 date of injury. On 08/05/14 orthopedic spine surgery progress report states the last epidural injection for cervical spine was helpful. The patient has concerns regarding ongoing headaches and worsening forgetfulness patient describes episodes where he attempted to sit on a chair and misjudged the distance. He complains of ongoing low back pain with radiation to bilateral hips, 7/10. Ongoing neck pain with radiation to shoulders, down to bilateral hands, rated 6-8/10. Forgetfulness and constant headaches that are worsening grade 7/10. Physical examination reveals lumbar spine: tenderness of the paravertebral muscles bilaterally, approximately 30% diminished range of motion. Knee reflexes are 3+ on the right and 2+ on the left. Ankle reflexes are 1+ on the right absent on the left. Diagnoses are C3-T1 severe disk degeneration, C3-T1 stenosis, lumbar pain without imaging, contact dermatitis, right shoulder degenerative joint disease status post shoulder replacement, bilateral knee degenerative joint disease status post total knee replacement, neurogenic claudication, left shoulder rotator cuff tear, chronic fatigue syndrome, status post left shoulder rotator cuff repair. Discussion section states that a neurology consultation is requested due to worsening of headaches with complaints of increasing forgetfulness, difficulty with distance perception and balance. On 04/11/13 an MRI indicates right central epidural nodularity at C1-2 causing focal dural compression and right anterior indentation of the cord, degenerative changes with mild dural compression and mild bilateral neural foramina stenosis at C3-4, moderate dural compression moderate bilateral neural foraminal stenosis at C4-5, mild dural compression and mild left neural foraminal stenosis at C5-6, mild neural compression and moderate bilateral neural foraminal stenosis at C6-7 and mild dural compression at C7-T1. The record dated 06/23/14 also contains complaints of pressure-like headaches with high levels of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Neurologist, cervical lumbar bilateral knee and shoulders: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004), CA MTUS 2009: Clinical Topics: ACOEM Chapter 7 - Office Visit

Decision rationale: The necessity for a neurologic consultation is established in presence of worsening headaches that had been reported before, and in the presence of multilevel stenotic impressions on the cervical MRI. Recommendation is to certify the request. Although the request form for IMR states the request for "consultation with a neurologist (cervical/lumbar/bilateral knee/shoulders)", the initial DWC RFA form dated 08/05/14 submitted with the request for Neurology Consultation simply listed diagnoses from the progress report. It is important to note that these diagnoses do not include a diagnosis for the patient's headache; however, the narrative in the progress report from the same date explains that these worsening headaches are the reason for the referral. Therefore the request is medically necessary.