

Case Number:	CM14-0035037		
Date Assigned:	06/23/2014	Date of Injury:	03/20/2009
Decision Date:	07/24/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 New York and North Carolina. 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 claimant is a 40year old woman, injured 3/20/1999, over 15 years ago, lifting a patient. She has been diagnosed with lumbosacral disc degeneration. She is on multiple medications for pain management including narcotics like hydrocodone, previously on tramadol and now on Amitiza, and Butrans. She has also been on cyclobenzaprine and tizanidine, muscle relaxants. She takes several classes of antihypertensive medications to manage her blood pressure. Other conservative treatment has been recommended, like aquatic therapy and physical therapy. In February she gives a history of one year of incontinence, which her provider decides is neurogenic. He is requesting neurological consultation to assess her for neurogenic bladder, as well as a new lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)-Disability Duration Guidelines(Official Disability Guidelines 9th Edition)/Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303. Decision based on Non-MTUS Citation American College of Occupational

and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127. Vasavada et al. Urinary Incontinence. Medscape, July 14, 2014. <http://emedicine.medscape.com/article/452289-overview>.

Decision rationale: Per MTUS Guidelines (ACOEM), physical examination indicates evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. A basic work-up of urinary incontinence does not need to occur with a specialist, such as urologist or neurologist. The type of incontinence has not been elicited - e.g. stress, functional, etc. There is no other assessment of neurologic pathology, such as saddle anesthesia, that might be associated with a neurologic emergency from the spine, such as cauda equina syndrome. No assessment of the medications she is on - e.g. cyclobenzaprine, tizanidine verapamil and clonidine and how it might impact incontinence is made. The guidelines also note that if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). There is no basic assessment of her bladder, including abdominal examination and urinalysis documented in the records forwarded for review. ACOEM Guidelines regarding consultation notes that they may be obtained to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or the examinee's fitness for return to work. Although it certainly is logical to seek consultation for investigation of a complex problem, it is important to choose the right type of specialist. To do that, a more complete history and examination and basic work-up is essential. With further investigation, it may be deemed more appropriate to have her see a urologist, for instance. Medical necessity for a consultation has not been met, and information is missing from this request. She has been referred to her PCP for work-up, which is logical. The request for neurological consultation is denied.