MAXIMUS Federal Services

Case Number:	CM14-0045280		
Date Assigned:	07/02/2014	Date of Injury:	01/27/2012
Decision Date:	08/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/14/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

This injured worker is a 63-year-old male with a reported date of injury on 01/27/2012. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical overuse with degeneration, thoracic overuse injury with degeneration, lumbar spondylolisthesis at L4-5, right greater than left shoulder impingement syndrome with acromioclavicular joint pain, right wrist pain following carpal tunnel release, left carpal tunnel syndrome, bilateral first carpometacarpal joint pain, right knee overuse injury, and status post total knee arthroplasty. His previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 03/03/2014 revealed the injured worker complained of neck and right knee pain with muscle spasms. The physical examination revealed myofascial trigger points noted along the bilateral upper trapezius and levator scapulae muscles. The range of motion was noted to be painful and deep tendon reflexes were 1 to the knees, ankles, and biceps. The Request for Authorization form dated 03/10/2014 was for a neurologic consultation due to a headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGY CONSULT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 2nd Edition American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 6, page 163.

Decision rationale: The request for a neurology consultation is non-certified. The injured worker complained of headaches. The CA MTUS/ACOEM guidelines state that if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. A consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in advisory capacity that may sometimes take full responsibility for investigating and/or treating an injured worker with the doctor/patient relationship. There is a lack of documentation regarding clinical pathology to warrant a neurological consultation. Therefore, the request is non-certified.