

<b>Case Number:</b>	CM14-0046995		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/15/1999
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 12/10/13 note indicates the injured worker had a spinal cord stimulator removed and was feeling better but still had pain in the thoracic spine area. A 5/22/14 note indicates pain in the back, neck and knees. The injured worker is on opioids for pain control as well as Nortriptyline, Lyrica, and Celebrex. Exam reports reduced range of motion with 3-5 right ankle dorsiflexion and evetor's strength, 4-5 on left pain limited. A neurology consult was requested for decreased sexual function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurology consultation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain-Low Back Page(s): 301-310.

**Decision rationale:** Physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. The medical records provided for review indicate neurologic findings of

deficit with heterotopic ossification spinal cord stimulator implant and reported sexual dysfunction. MTUS guidelines support referral to specialist for guidance in diagnosis and treatment of injured worker to maximize return of function.