

Case Number:	CM14-0199737		
Date Assigned:	12/10/2014	Date of Injury:	06/06/2009
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

This 51-year old male sustained a work related injury on 6/6/2009. The mechanism of injury was not described. The current diagnoses are complex regional pain syndrome of the right lower extremity and rule out seizure disorder. According to the progress report dated 9/29/2014, the injured workers chief complaints were constant left ankle and right foot pain. The pain was described as burning, sharp, stabbing, and severe. He rated the pain 8/10 with medications and 10/10 without. The pain is accompanied by muscle weakness, numbness, and increased spasms of both feet. The injured worker also reported ongoing headaches, eye twitching, left leg cramps, and uncontrollable "jerking" of the right hand and left leg. The physical examination revealed slight to moderate distress. There was tenderness noted on palpation of the right foot. Sensation was decreased in the right lower extremity along the L4-S1 dermatome. Motor exam showed decreased strength in the right lower extremity. Activities of daily living were limited in the following areas: activity, ambulation, sleep, and sex. Current medications are Senokot, Vitamin D, Tizanidine, Motrin, Neurontin, Tramadol, Butrans patch, and Topiramate. On this date, the treating physician prescribed a neurologist evaluation, which is now under review. The neurologist evaluation was prescribed specifically for chronic headaches, right foot spasms, and reflex sympathetic dystrophy. In addition to the neurologist evaluation, the treatment plan included home exercise program and bilateral crutches. The records indicate that the injured worker was seen by a neurologist in November 2013; however, the report is still pending. When the neurologist evaluation was prescribed work status was not described. On 11/03/2004, Utilization Review had non-certified a prescription for a neurologist evaluation. The reason why the neurologist evaluation was non-certified was not noted. No Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist evaluation for chronic headaches, and right foot spasms and complex regional pain syndrome: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, Chapter 7, page(s) 127.

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated 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, as criteria necessary to support the medical necessity to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome, right lower extremity and rule out seizure disorder. In addition, given documentation of a request for authorization for a Neurologist evaluation for chronic headaches and right foot spasms and RSD, there is documentation that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management. However, given medical records documenting that the patient was seen by Neurologist in 11/13 and that report is pending, there is no documentation of results from previous Neurologist evaluation. Therefore, based on guidelines and a review of the evidence, the request for Neurologist evaluation for chronic headaches, and right foot spasms and complex regional pain syndrome is not medically necessary.