MAXIMUS Federal Services

Case Number:	CM15-0101564		
Date Assigned:	06/04/2015	Date of Injury:	12/20/1997
Decision Date:	07/02/2015	UR Denial Date:	04/26/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 64 year old female who reported an industrial injury on 12/20/1997. Her diagnoses, and/or impressions, are noted to include reflex "symp" dystrophy of the upper limb; chronic pain syndrome; spasms of the muscles; headaches; disorder of the cranial nerves; malfunction neuro device/"graf"; and spasmodic torticollis. No current imaging studies are noted. Her treatments have included a neurological consultation authorization - expired; physical therapy - ineffective; medication management; and rest from work. The progress notes of 4/16/2015 noted a follow-up visit for headaches and wrist pain that are without change. Noted was an orthopedic specialist who diagnosed and torn left rotator cuff with abscess, requiring surgery; and that her Neurological consultation had expired and she would need it renewed. She complained of moderate, aching/throbbing pain, associated with weakness, which was aggravated by activity and alleviated by rest and a splint. Objective findings were noted to include pain; bilateral neck and trapezius spasms, right > left, with decreased active range-of-motion due to pain; subjective pain in her right upper extremity, specifically in the wrist and hand, and the wearing of a supportive elastic brace; and allodynia and dysesthesia throughout the right distal upper extremity. The physician reported that she had still not seen a neurologist for the intractable headaches and that the authorization had expired, so his requests for treatments were noted to include a Neurology consultation with treatment.

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 Chapter 8 Neck and Upper Back Complaints Page(s): 171.

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) Chapter 7, page 127.

Decision rationale: Technically, ACOEM Chapter 7 is not within the MTUS collection; therefore, it is more appropriately cited under the "Other Guidelines" categorization. This claimant was injured in the year 1997. There is reported a reflex sympathetic dystrophy of the upper limb. There reportedly is spasmodic torticollis. No diagnostics are provided. She had a past neurologic consultation, which expired. Noted attest she is doing well with the medicine regimen. The rationale for a repeat specialist evaluation is not clear from the notes. There is mention of repeating Botox injections, but it is not clear a neurologist is essential for those, or if they are clinically essential to care. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. The notes attest she is doing well on medicine. Moreover, a past certification was not used, apparently due to a lack of clinical need. The request is not medically necessary.