

Case Number:	CM15-0103942		
Date Assigned:	06/08/2015	Date of Injury:	11/18/2013
Decision Date:	11/25/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/29/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 67 year old female who sustained an industrial injury on 11-18-13. The medical records indicate that the injured worker is being treated for lumbar radiculitis; lumbar stenosis; lumbar disc disease; lumbar strain; cervical radiculopathy; possible pseudoarthrosis of hardware at cervical fusion; compression fracture at L1 with marrow edema; chronic compression fracture at T12; lumbar disc herniation with neural foraminal narrowing; lumbar neural foraminal narrowing; adjacent segment disease, cervical spine. She currently (4-3-15) complains of worsening constant mid-back pain; cramping and numbness in her bilateral lower extremities; constant neck pain with numbness, burning and tingling in bilateral upper extremities, right greater than left; daily headaches. The pain level of her neck was 7-9 out of 10, midback and lower back is 7-9 out of 10. On physical exam there was decreased sensation in the upper extremities, left L4 dermatome. In the 4-3-15 progress note the treating provider continued to request authorization for a neurology consult to evaluate her headaches and to address industrial causation and whether treatment or testing is required for her headaches on an industrial basis. Diagnostics included MRI of cervical spine (6-15-05, abnormal and 5-5-11 showing multilevel degenerative disc disease at C5-6, central canal stenosis at C5-6 due to osteophyte complex); MRI of the lumbar spine (6-16-09, 5-5-11, 4-3-14) with abnormalities; MRI of the thoracic spine (7-24-14) revealed non-acute compression fracture at T12 and L1, 2, disc protrusion at T8, 9, bilateral foraminal narrowing; electrodiagnostic study (6-5-09 and 3-17-14 of upper and lower extremities) showing results consistent with a left L5 radiculopathy and possible left S1 radiculopathy; electrodiagnostic and nerve conduction study (1-19-15) was normal; computed tomography (9-24-14) was abnormal. Treatments to date include transforaminal epidural steroid injection at right L5-S1 nerve roots (12-4-14); status post C5-6 fusion (5-2011); kyphoplasty (10-23-14) with less

back pain post procedure but no improvement in neck pain; TLSO brace; medications: naproxen, hydrocodone-APAP, Orphenadrine; 12 sessions of chiropractic therapy with benefit; 10 electrical stimulation treatments with minimal relief. The request for authorization was not present. On 5-15-15 Utilization Review non-certified the request for neurology consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurological Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), chapter 7.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Pursuant to the ACOEM, neurological consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are status post C5 - C6 fusion; probable cervical radiculopathy; pseudo-arthrosis of hardware at cervical fusion; compression fracture L-1 with marrow edema; lumbar disc herniations with neural foraminal narrowing; compression fracture of T 12 with marrow edema; and lumbar facet arthropathy bilateral L2 - L3 and L3 - L4. Date of injury is November 18, 2013. Request for authorization is May 4, 2015. According to April 1, 2015 progress notes, subjective complaints include that and neck pain. There are no subjective complaints of headache. The injured worker received thoracic and lumbar epidural steroid injections. Objectively, there is decreased sensation C6 - C8 and right L4. There is no prior documentation of headache workup in the medical record. There are no CAT scans or MRIs. According to the date of injury, reported mechanism of injury, treatment to date and the most recent documentation with no indication of headache (subjectively), neurological consultation is not clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no prior documentation of headache, and no prior work up for headaches including CAT scans were MRIs, neurological consultation is not medically necessary.