

Case Number:	CM15-0047916		
Date Assigned:	04/14/2015	Date of Injury:	07/08/2013
Decision Date:	05/06/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on July 8, 2013. she reported bilateral leg pains, weakness, muscle spasms, full body pain, depression and anxiety. The injured worker was diagnosed as having chronic fatigue syndrome, possible myosis, myalgia with muscle spasms in the calves and fasciculation, paresthesias, myopathy, leukocytosis, positive ANA with RNP and insomnia. Treatment to date has included diagnostic studies, acupuncture, medications and work restrictions. Currently, the injured worker complains of fainting spells, bilateral leg pains, weakness, muscle spasms, full body pain, depression and anxiety. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported working as a bartender in extreme heat at times. She reported blurred vision, exhaustion and fainting when working pool side during the heat. Multiple tests were completed. She has been treated with medications. Evaluation on August 14, 2013, revealed continued symptoms. Evaluation on January 13, 2015, revealed continued pain. A neurology consultation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As per the MTUS guidelines, "referral may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery or has difficulty in obtaining information or agreement to treatment plan." Consultations are warranted if there are persistent symptoms. Currently, the patient is complaining of fainting spells, bilateral leg pains, and weakness. The patient was initially injured in 2013 but still with persistent complaints despite treatment. Given her complaints, a referral to neurology is recommended and considered medically necessary.