

## Claims Case Study 2

**Gender:** Female

**Age:** 29

### **Policy definition:**

A definite diagnosis by a Consultant Neurologist of Multiple Sclerosis which satisfies all of the following criteria:

- There must be current impairment of motor or sensory function, which must have persisted for a continuous period of at least six months.
- The diagnosis must be confirmed by diagnostic techniques current at the time of the claim.

### **GP report:**

Had symptoms for 5 days when first seen 2014. No previous related illness. Clinically isolated demyelination episode. Right hand weakness, right leg weakness.

### **Hospital notes:**

**6.8.14** - Neurology discharge: Diagnosis CNS demyelination - first presentation. Past hx of headaches. Developed right hand weakness while writing & this slowly increased and peaked over a 9 day period. Within 2 days her right leg became weak. No family history of demyelination. Detailed exam & investigations: CT normal and MRI showed changes. VERs normal. CSF oligoclonal bands +ve. (doesn't mention blood). Clinical diagnosis of isolated syndrome of demyelination. Given IV steroids. Also seen by MS nurse specialist. To have repeat MRI 1 month later.

**11.9.14** - Good recovery but not complete. MRI showed reduction in size of lesion and no definite new T2 lesions. Cannot make a definite diagnosis of MS on basis of clinical history or MRI. May repeat MRI later.

### **Neurologist report:**

Since 07/14 had symptoms for 12 days prior to first consultation. Awaiting repeat MRI to determine whether she fulfils criteria for McDonald MS. However she has subjective right arm weakness 6 months after symptoms onset.

### **Additional reports:**

**03.12.14** - Neurologist to GP: Symptoms of twitching of upper lip started 2nd week in October. Still occurring but less frequent. May have simple seizures emanating from a left frontal focus, possibly from prior demyelination. Has opted not to start disease modifying therapy. To have repeat MRI brain with post gadolinium enhanced T1 images in late December or early January to rule out active demyelinating disease. If she has new lesions, disease modifying therapy will again be advised.

**15.2.15** – Further MRI done 03.1.15 compared with that of 11.09.14 has shown an interval improvement. The demyelinating plaque had reduced in size.

### **Questions:**

- Do you feel you have enough evidence to make a decision on this claim?**
  - Would you refer the case to a CMO**
  - What decision would you make and why?**
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