

Case Number:	CM13-0009918		
Date Assigned:	06/06/2014	Date of Injury:	09/06/2011
Decision Date:	07/25/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/12/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 68-year-old female who reported injury on 09/06/2011. The mechanism of injury was a trip and fall. The documentation of 03/04/2013 revealed there was a recommendation for had specialist, internist, psychologist, dentist, and neurologist. The injured worker had subjective complaints of pain in the neck and shoulder with prolonged standing causing dizziness, squeezing, pressure and headaches, jaw pain, broken teeth, left hip pain, mid back and knees improving. The injured worker had stomach irritation increased for 3 weeks and everything she tastes tasted like metal. The injured worker had fecal incontinence that was worsening. The injured worker was wearing a pad for 3 months and fecal matter seeped out at times. The injured worker had pain in the hands and wrists and was feeling depressed. The objective findings revealed the injured worker had significant tenderness and pain with muscle spasms and limited range of motion of the cervical spine. The injured worker had diagnoses of tension headaches, jaw pain, fractured teeth, cervical spine and thoracic spine sprain/strain, incontinence, history of colon cancer, tendonitis bilateral shoulders, wrists, hands and knees. The treatment plan included the hand specialist, internist, psychologist, dentist, and neurologist. Subsequent documentation of 01/27/2014 revealed a recommendation to continue with a neurologist, temporomandibular joint (TMJ) consultation, and internal medicine physician as well as neuropsych. The injured worker's complaints were dizziness and out of balance, memory worsening, electrical shocks since magnetic resonance imaging (MRI) study, severe head, neck and bilateral shoulder pain, severe pain when holding head upright, difficulty sleeping and falling asleep and frequent waking due to pain as well as eating problems. The objective findings revealed cervical spine significant tenderness and pain, muscle spasms, limited with pain, 01/07/2014 MRI revealed mild chronic small vessel periventricular white matter ischemic changes bilaterally. The injured worker underwent an electromyography/nerve conduction

velocity (EMG/NCV) study on 02/24/2014, which revealed the injured worker had decreased conduction velocity in the median sensory nerves. There was a mild slowing of bilateral median sensory velocities across the wrists. There was no evidence for cubital tunnel syndrome. The electromyography (EMG) revealed normal insertional activity and motor units without denervation or re-innervation. There was no evidence of radiculopathy or myelopathy. The injured worker had evidence of mild bilateral carpal tunnel syndrome affecting sensory components.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROLOGIST CONSULTATION: 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) Chapter 6: Chronic Pain , Page 163.

Decision rationale: The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management and determination of medical stability and permanent residual loss and/or the employee's fitness to return to work. The clinical documentation submitted for review indicated the injured worker had an magnetic resonance imaging (MRI). However, the MRI was not presented for review to support the necessity for a neurologic consultation. Given the above, the request for neurologist consultation is not medically necessary.

TMJ SPECIALIST CONSULTATION: 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) Chapter 6: Chronic Pain , Page 163.

Decision rationale: The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management and determination of medical stability and permanent residual loss and/or the employee's fitness to return to work. There was no documented rationale for a TMJ specialist. Given the above, the request for TMJ specialist consultation is not medically necessary.

SURGICAL CONSULTATION: 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) Chapter 6: Chronic Pain , Page 163.

Decision rationale: The ACOEM Guidelines indicate that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management and determination of medical stability and permanent residual loss and/or the employee's fitness to return to work. The request as submitted failed to indicate the type of surgical consultation that was being requested. Given the above, the request for surgical consultation is not medically necessary.

INTERNAL MEDICINE CONSULTATION: 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) Chapter 6: Chronic Pain , Page 163.

Decision rationale: The clinical documentation submitted for review indicated the injured worker had a history of colon cancer. The injured worker was noted to be having incontinence. However, there was a lack of documentation indicating whether the injured worker was being followed by an internist for her history of cancer. Additionally, there was a lack of documented rationale specifically requesting the necessity for the internal medicine consultation. Given the above, the request for internal medicine consultation is not medically necessary.

PSYCHIATRIST CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker stated she felt depressed. There was no objective documentation indicating the injured worker had outward signs or symptoms to support a consultation. Given the above, the request for psychiatrist consultation is not medically necessary.