

<b>Case Number:</b>	CM13-0018111		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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.

### 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 IMR application shows the injury date as 6/10/11, and the attorney for the applicant is disputing the 8/22/13 UR decision. The 8/22/13 UR decision is by CID and is in response to a 7/8/13 medical report. CID has allowed the neurology and internal medicine consultations, but denied the ENT, pain management, Sleep and psychiatric consultations, and denied the TENS and LSO brace. I have been provided 507 pages of medical records, but the 7/8/13 medical report was not included. It may not be necessary for this review, as Dr [REDACTED] provided a detailed report on 8/20/13. The patient is a 64 year-old male laborer with a 6/10/11 injury. He fell face first about 6-8 feet on a ladder, and had loss of consciousness (LOC), multiple fractures, including his nose and right knee, left wrist. He initially saw Dr [REDACTED] on 1/14/13 and was referred to a pain management specialist who recommended the lumbar epidural steroid injections (ESIs), the LSO and TENS. The patient underwent a gallbladder surgery through private insurance and the ESI was placed on hold. According to the 8/20/13 report from Dr [REDACTED], the patient no longer wanted to have the ESI, so the office retracted the request for pain management consult. This would appear to include the TENS and LSO, as they were requested by the pain management physician. Despite the physicians retraction of the request, I am still asked to review for the pain management consultation, the TENS and LSO. Dr [REDACTED] states the ENT consult was for the ringing in the ears, the sleep consult was for the insomnia and psychiatric consult was for psychiatric conditions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ENT consultation:** Overturned

**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 ACOEM Practice Guidelines, 2nd Edition (2004), pg 127, Chapter 7.

**Decision rationale:** The provider notes the patient has ringing in the ears from the industrial head trauma, He was requesting the opinion of a specialist for case guidance. The request appears to be in accordance with the ACOEM guidelines that states a consultation may be made when: "when the plan or course of care may benefit from additional expertise" The request for an ENT consultation is medically necessary and appropriate.

**TENS unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**Decision rationale:** The TENS unit appears to have been requested by the pain management physician. On the 8/20/13 report states he no longer wishes to pursue the pain management. So it appears to be a moot point in reviewing an item that the physician retracted. However, if the MTUS criteria for TENS is applied, there is no mention of a 1-month trial of TENS, and no mention of what pain modalities and medications have failed. The request for a TENS unit is not medically necessary and appropriate.

**LSO brace:** 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), lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The LSO brace appears to have been requested by the pain management physician. Dr Sobol on the 8/20/13 report states he no longer wishes to pursue the pain management. So it appears to be a moot point in reviewing an item that the physician retracted. However, if the MTUS/ACOEM topics, chapter 12 for lumbar supports, is applied, the request is not in accordance. It is beyond the acute phase and MTUS/ACOEM states: Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptoms relief. The request for a LSO brace is not medically necessary and appropriate.

**Pain management consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections.

**Decision rationale:** The provider noted on the 8/20/13 report states he no longer wishes to pursue the pain management. So it appears to be a moot point in reviewing an item that the physician retracted. However, The request does not appear to meet MTUS criteria for radiculopathy. There did not appear to be any sensory deficits in a dermatomal distribution and MRI reports were not provided or reported to corroborate a nerve root compression. The patient had not met the MTUS criteria for an ESI, and he also declined the ESI, so a consultation for an ESI does not appear necessary. The request for a pain management consultation regarding a lumbar epidural steroid injection between 7/8/13 and 10/13/13 is not medically necessary and appropriate.

**Psychiatric consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychiatric evaluation Page(s): 100-101.

**Decision rationale:** MTUS Chronic Pain Guidelines recommends psychiatric evaluations for chronic pain. MTUS/ACOEM topics, for each of the chapters, low back, neck, upper extremities, or knee, in the master algorithm, second box from the bottom will recommend psychological referral. The request appears to be in accordance with MTUS. The request for a psychiatric consultation is medically necessary and appropriate.

**Sleep consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), pg 127, Chapter 7.

**Decision rationale:** The patient is reported to have insomnia, the physician is an orthopedist and wanted assistance from a sleep specialist to help with the diagnosis, cause or treatment of this. MTUS, MTUS/ACOEM does not specifically discuss consultations, but the non-adopted-into-MTUS, ACOEM chapter 7 does. This appears to be in accordance with ACOEM guidelines. The request for a Sleep consultation is medically necessary and appropriate.

