

Case Number:	CM13-0025414		
Date Assigned:	11/20/2013	Date of Injury:	11/12/2011
Decision Date:	01/15/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/17/2013

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 Occupational Medicine 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. 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 applicant has filed a claim for generalized anxiety disorder, major depressive disorder, and cognitive disorder reportedly associated with an industrial injury of November 12, 2011. Thus far, the applicant has been treated with the following: Psychotropic medications; apparent diagnosis of postconcussive syndrome; apparent diagnosis of posttraumatic stress disorder; reportedly normal CT scan of the head and neck following trauma with the exception of a superficial scalp hematoma; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 11, 2013, the claims administrator denied a request for an ENT consult and six sessions of psychology while certifying a request for Cymbalta and Ativan. The applicant's attorney later appealed, on September 17, 2013. On November 4, 2013, the applicant's psychiatrist states that she will remain off of work indefinitely from a psychiatric point of view and will continue Cymbalta and Lunesta. Psychological counseling is again endorsed. Earlier notes of June 28, 2013, and November 4, 2013, are notable for comments that the applicant underwent Botox injections. A July 23, 2013, psychiatry note is notable for comments that the applicant is having marital issues owing to a recent divorce, the illness of her brother, and a recent eviction owing to inability to pay rent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to ear, nose, and throat practitioner for consultation evaluation of the head: 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 Chronic Pain Medical Treatment Guidelines, Section 9792.20 - 9792.26 Page(s): 1.

Decision rationale: No, the proposed ENT consultation is not medically necessary, medically appropriate, or indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is indicated. In this case, however, it is not clearly stated what items are on the differential diagnosis which would warrant an ENT consultation. Again, most of the information on file pertains to the applicant's mental health issues as opposed to her medical issues. Therefore, the original utilization review decision is upheld. The request remains non-certified owing to a lack of clearly stated rationale for the proposed consultation.