MAXIMUS Federal Services

Case Number:	CM13-0026381		
Date Assigned:	11/22/2013	Date of Injury:	08/01/2011
Decision Date:	01/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal Medicine, has a subspecialty in Cardiology 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 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 patient is a 51-year-old female who reported a cumulative trauma injury from 06/01/1981 through 08/01/2011. The patient has been under the care of the attending provider for shoulder region, muscle, ligament, and fascia disorder, lateral epicondylitis, ulnar nerve lesion, carpal tunnel syndrome, hypertension, limb pain, and stomach disorder. The patient's most recent clinical documentation was dated 09/25/2013. The patient was seen that day for complaints of pain in her neck, right shoulder, and right elbow. The patient also stated that she has frequent headaches, and has complained of numbness and tingling in her face and right eye with drooping. Under the physical examination, it was noted that the patient's paraspinal muscles were tender, spasms were present, and her range of motion was restricted. Motor strength in the bilateral deltoids is 4/5, biceps is 4/5, wrist dorsiflexors are 4/5, finger abductors are 4/5 bilaterally, and sensation is reduced in the bilateral hands. The bilateral elbows were tender to palpation. The shoulder range of motion was decreased in flexion/abduction bilaterally. There was also positive impingement sign. The patient was noted as having positive Tinel's and Phalen's bilaterally regarding the wrists, and her grip strength was reduced bilaterally. Lastly, in the lumbar spine, the patient was noted as having paravertebral muscle tenderness, spasms present, and range of motion was restricted. Motor strength in the left hip flexor, knee flexor, right hip flexor, knee extensor, and knee flexor were all 4/5, with the EHL and ankle dorsiflexors at 3/5. Deep tendon reflexes were also difficult to elicit on the right. The physician is now requesting a psych consult and a neuro consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Psychological Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 253-254.

Decision rationale: Under California MTUS and ACOEM, it notes that referral for specialty care may be indicated if symptoms persist beyond 4 weeks to 6 weeks. As noted in the documentation, the patient has seen a psychologist already, pertaining to her ongoing chronic pain. Therefore, a psych consult is not medically necessary. Official Disability Guidelines have also been referred to in this case and, as noted under the office visits heading, office visits are recommended as determined to be medically necessary, and the need for a clinical office visit with a health care provider is individualized based on a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation states the patient has had depression, anxiety, and sleep disruption due to her chronic pain issues. However, with the documentation noting that she has already had a psych session, it is unclear as to why the physician is requesting another consult at this time. Without having adequate information pertaining to the request, the medical necessity cannot be established. As such, the requested service is non- certified.

Neuro consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation ODG, Psychological Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 163.

Decision rationale: California MTUS and ACOEM state that, if a diagnosis is uncertain or complex, if psychosocial factors are present, or if the plan or course of care may benefit from additional expertise, the occupational health physician may refer a patient to other specialists for an independent medical assessment. There are 2 types of these examination referrals: the consultation and the independent medical examination. Under the consultation, it notes that this is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. A consultant is usually requested to act in an advisory capacity, but may sometimes take full responsibility for investigating and/or treating a patient within the doctor/patient relationship. In regards to the request for this patient to see a neuro consult, at this time it is unclear why the physician is referring the patient to see a neurologist. There is reference in the peer review report that the patient was having numbness and tingling in her right eyelid, which has also been drooping. However, the request does not indicate the purpose of this consult. Therefore, at this time, the medical necessity cannot be established and the requested service is non-certified.