

<b>Case Number:</b>	CM13-0036956		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/22/2009
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 57-year-old male who reported an injury on 1/22/09. The mechanism of injury was a motor vehicle accident. The patient's diagnoses include peripheral edema, renal insufficiency, neuritis, sprain of the wrist, osteoarthritis of the knee, morbid obesity, osteoarthritis of the hip, depression, anxiety, and posttraumatic stress disorder. Clinical documentation indicates that the patient continued to experience residual physical and psychological symptoms as a result of the accident. The patient had been severely depressed and was also experiencing stress-induced migraines responsive to medication. Objective findings showed the patient's memory, concentration, and PTSD symptoms persist. The patient has been treated with biofeedback, medical hypnosis, and nutritional approaches to pain management. He continued to experience depression and expressed continued frustration with his WCAB case. The patient reported a good response to biofeedback and medical hypnosis, and a decrease in pain. The patient was very motivated to improve his condition and continue to lose weight.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for a referral to a panel orthopedist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS and ACOEM do not address this issue. The Official Disability Guidelines state that office visits are medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in proper diagnosis and return to function of an injured worker; however, the most recent documentation submitted does not outline any significant orthopedic deficits which necessitate a referral for an orthopedist. There were no recent diagnostic studies submitted which indicate the presence of progression and physical symptoms. Given the lack of documentation to support the guideline's criteria, the request is noncertified.

**The request for a referral to a panel pain management specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS and ACOEM do not address this issue. The patient continued to experience residual physical and psychological symptoms as a result of the injury. The Official Disability Guidelines recommend office visits to be medically necessary. Evaluation and management outpatient visits to the office of medical doctors play a critical role in proper diagnosis in the return of function of an injured patient; however, the patient had been severely depressed and had also been experiencing stress-induced migraines which had been responsive to pain medication. No recent clinical documentation was submitted to outline any significant change in the patient's pain level. Also, no updated diagnostic studies were submitted to confirm the presence of progression in the patient's symptoms. Given the lack of documentation to support the guideline criteria, the request is noncertified.