MAXIMUS Federal Services

Case Number:	CM13-0044690		
Date Assigned:	12/27/2013	Date of Injury:	12/16/2003
Decision Date:	02/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	10/31/2013

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 & 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. 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 41-year-old male who reported an injury on 12/16/2003. The patient is currently diagnosed with dysuria, right lower extremity neuralgia, and depression. The patient was seen by [redacted] on 10/08/2013. The patient reported depressed mood with irritability. Physical examination revealed normal findings with the exception of a depressed mood and inappropriate affect. Treatment recommendations included a referral to a psychiatrist, ophthalmologist, and neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for Neurologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Office Visits

Decision rationale: The ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed

recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination provided on the requesting date of 10/08/2013. Although it is noted that the patient has an abnormal balance, there are no significant musculoskeletal or neurological deficits provided. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.

Referral for Ophthalmology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Office Visits

Decision rationale: The ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no comprehensive physical examination provided for review on the requesting date of 10/08/2013. Although it is stated that the patient reported blurry vision, the patient's eye examination indicated normal findings. There was no evidence of nystagmus or abnormality of extra-ocular muscles, and no in-office assessment of visual acuity. The medical necessity has not been established. Therefore, the request for an ophthalmology referral is not medically necessary and appropriate.

Referral for Psychiatry: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, Chapter 7- Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines Chronic Pain Chapter, section on Office Visits

Decision rationale: The ACOEM Guidelines state referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, there is no evidence of a comprehensive psychiatric examination or testing provided for review. The patient has previously undergone treatment from a psychiatrist. Documentation of recent summary reports from the current mental health provider was not provided. It is unclear whether the desire to change psychiatric providers is the result of conflict or unwillingness to accept treatment. The medical necessity has not been established. Therefore, the request is not medically necessary and appropriate.