

Case Number:	CM13-0054207		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2010
Decision Date:	04/03/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 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 chronic knee pain, leg pain, and low back pain reportedly associated with an industrial injury of January 28, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; physical therapy and manipulation; unspecified number of facet joint blocks and epidural steroid injections; prior psychological evaluation; and extensive periods of time off of work. In a utilization review report of October 24, 2013, the claims administrator apparently approved an orthopedic consultation and denied psychological consultations and internal medicine consultations, citing non MTUS Chapter 7 ACOEM Guidelines. The applicant's attorney subsequently appealed. A July 11, 2013 progress note is notable for comments that the applicant is having ongoing issues with sleep, depression, insomnia, anxiety, depression, and tearfulness. The applicant is described as having a guarded prognosis with Global Assessment of Functioning (GAF) of 57. An earlier medical note of October 7, 2013 is notable for comments that the applicant is on a variety of medications, including Xanax, dietary supplements, Prilosec, Tramadol, Norco, Zoloft, Prozac, Naprosyn, Flexeril and Levoxyl. The applicant was placed off of work, on total temporary disability, on June 28, 2013, note. On June 7, 2013, the primary treating provider stated that the applicant should obtain psychological evaluation, and apparently consult an internist regarding pain medications, and consult a spine surgeon regarding the need for spine surgery. The applicant is having issues with dyspepsia owing to prolonged usage of pain medications. The requesting provider is a chiropractor (DC) who is apparently not licensed to prescribe medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, if an applicant's psychological or psychiatric systems become disabling despite primary care interventions or persists beyond three months, referral to a mental health professional is indicated. In this case, the applicant is off of work, seemingly as a result of mental health issues. Obtaining the added expertise of a physician specializing in the same is indicated, appropriate, and supported by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

INTERNAL MEDICINE COULTATION: 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 Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's primary treating provider (PTP) is a chiropractor, who is not licensed to prescribe medications. Obtaining the added expertise of a physician such as an internist who is licensed to prescribe medications is therefore indicated and appropriate. The original utilization review decision is overturned. The request is certified, on independent medical review.