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| Case Number: | CM14-0004227 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 01/23/2013 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/10/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 35 year old female with an injury date of 01/23/13. Based on the 09/04/13 progress report provided by [REDACTED], the patient complains of constant, moderate to severe, throbbing, aching pain with stiffness in her neck. She reports radiating pain into her shoulders and mid-back and numbness/tingling in the back of her head. The patient's diagnoses include the following: Status post closed head injury with chronic headaches; Musculoligamentous sprain/strain, cervical spine; Contusion, rule out triangular fibrocartilage tear, right wrist; Musculoligamentous sprain/strain, lumbar spine; Jaw pain possibly related to her closed head injury. The 05/15/13 MRI of the cervical spine shows loss of normal cervical curvature, which can be associated with muscle spasm. On 05/16/13, the patient had a right/left C2-C3 and C3-C4 facet joint injection. The utilization review determination being challenged is dated 01/09/13. [REDACTED] is the requesting provider, and he provided treatment reports from 04/26/13- 12/05/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH EVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL EVALUATIONS, 100

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines pages 100-102 states that "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." Based on the medical records provided for review and the MTUS Chronic Pain Guidelines' recommendation, the request is medically necessary and appropriate.

NEUROLOGY CONSULTATION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004) , , 127

Decision rationale: According to the 09/04/13 report within the medical records provided for review, the patient presents with constant, moderate to severe, throbbing, and aching pain with stiffness in her neck. She reports radiating pain into her shoulders and mid-back and numbness/tingling in the back of her head. The request is for a neurology evaluation for concussive disorder. ACOEM Practice Guidelines page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM Guidelines further states referral to a specialist is recommended to aid in complex issues. The treater does not explain what is to be accomplished with a neurology referral and what specific problems the patient is having with concussion. However, a specialty evaluation is supported by the ACOEM Guidelines to aid the treater help manage complex problems. The request is medically necessary and appropriate.