

<b>Case Number:</b>	CM14-0004318		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/13/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This patient is a 55-year-old male with a date of injury of 03/13/2010. The listed diagnoses per [REDACTED] are: 1. Chronic recurrent musculoligamentous injury. 2. Cervical spine/trapezius muscle pain. 3. Chronic triceps tendinitis. 4. Chronic dorsal capsular sprain. 5. Recurrent musculoligamentous injury, lumbosacral spine. 6. Nonspecific lumbar radiculitis. 7. Chronic posttraumatic left sacroiliitis. 8. Chronic patellar tendinitis. 9. Patellofemoral arthralgia, right greater than left. According to report dated 10/10/2013 by [REDACTED], the patient presents with continued stress, anxiety, and sleep disturbances associated with his chronic pain. The patient also complains of sexual dysfunction, ongoing GI symptoms, and sleep issues. Physical examination revealed tenderness to palpation of the lumbar spine with spasm. There was also tenderness noted to the left sacroiliac joint. Recommendation is for psychological consultation, urology consultation, and internal medicine consultation. All 3 requests were denied by Utilization review dated 11/04/2013 as there was insufficient clinical information provided to support these requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PSYCHOLOGY CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 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, page 127.

**Decision rationale:** This patient presents with continued stress, anxiety, and sleep disturbances. The treating physician is requesting a psychological consultation. ACOEM Practice Guidelines, 2nd Edition (2004), 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. In this case, the treating physician is concerned of patient's continued complaints of stress, anxiety and sleep disturbances. A psychology consultation at this point may be warranted. The request for Psychology Consult is medically necessary.

**UROLOGY CONSULT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

**Decision rationale:** This patient presents with continued stress, anxiety, and sleep disturbances. The patient also complains of sexual dysfunction. The treater is requesting a urology consultation. ACOEM Practice Guidelines, 2nd Edition (2004), 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. Review of the medical file indicates the patient has not had any prior complaints of sexual dysfunction. Report from 01/02/2014 was the first indication of this complaint. There is no history taken and no examination. There is just a statement that the patient is complaining of sexual dysfunction. There is no discussion as to what a urologist can address. The request for Urologist Consult is not medically necessary.

**INTERNAL MEDICINE CONSULT:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004), page 127.

**Decision rationale:** This patient presents with continued stress, anxiety, and sleep disturbances. The patient also complains of sexual dysfunction and ongoing GI symptoms. The treating physician is requesting internal medicine consultation. ACOEM Practice Guidelines, 2nd Edition (2004), 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." This patient has been taking chronic medications since 2010 and complains of ongoing GI issues. An internal medicine specialist consultation may be warranted at this time. The request for Internal Medicine Consult is medically necessary.