

Case Number:	CM14-0005283		
Date Assigned:	01/24/2014	Date of Injury:	09/27/2004
Decision Date:	07/02/2014	UR Denial Date:	12/21/2013
Priority:	Standard	Application Received:	01/14/2014

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 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 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:

Patient is a 63-year-old male who has submitted a claim for right shoulder tendonitis and impingement, chronic strain / sprain of the lumbosacral spine, asbestos exposure, reactive airway disease, coronary artery disease, hypertension, hyperlipidemia, irritable bowel syndrome, depression, and scleroderma associated with an industrial injury date of 09/27/2004. Medical records from 2012 to 2013 were reviewed. Patient had a history of industrial-acquired long-term exposure to organic solvent and other chemicals. Patient likewise had a history of headaches, graded 7/10 in severity, and associated with dizziness and photophobia, as cited in a report dated 09/09/2012. Due to severe depression, patient had an overdose of his medications resulting to emergency medical treatment. Patient complained of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Patient had rashes at the right leg and right flank associated with burning, and itching sensation. Physical examination revealed tenderness at the paralumbar muscles. Reflexes, motor strength, and sensory exam were normal. Range of motion of the cervical spine was restricted on all planes. Straight leg raise was negative. Patient was unable to perform both heel-walk and toe-walk. MRI of the lumbar spine, dated 10/22/2001, revealed 6.0 mm central and left subarticular disc protrusion with bilateral facet arthropathy and ligamentum flavum hypertrophy producing moderate spinal canal narrowing with moderate left and right neuroforaminal encroachment, as cited in a report dated 11/20/2013. MRI of the lumbar spine, dated 11/15/2011, revealed trace retrolisthesis at L5-S1 with mild spondylosis and facet joint arthropathy of the lower lumbar spine; left paracentral disc protrusion with moderate narrowing of the left lateral recess with contact and probable posterior displacement of the traversing left S1 nerve root; and mild bilateral neural foraminal narrowing at L5-S1. MRI of the brain, dated 05/18/2012, revealed nonspecific regions of subcortical and periventricular white matter signal alteration bilaterally; differential considerations are broad and

include chronic microvascular ischemia, demyelinating process, or others. No gross evidence for mass effect. Treatment to date has included lumbar epidural steroid injection, diagnostic facet block injection at L4-L5, and L5-S1 on 10/2/13, physical therapy, PUVA therapy for scleroderma, and medications such as ProAir rescue inhaler, Advair Diskus, aspirin, Tylenol, Advil, Norco, Amlodipine, Famotidine, Fluoxetine, Pravastatin, Terazosin, and Temazepam. Utilization review from December 21, 2013 denied the requests for second opinion consult: dermatology lifetime treatment because a dermatology consult has already been certified; lumbar radiofrequency ablation L5 to S1 because there was no documentation on pain response of more than 70% from the previous procedure; follow up appointment with neurologist due to absence of an official MRI result; home medications unspecified because there was no documentation that the request represented necessary medical treatment; psychiatric treatment on as needed basis due to lack of documentation on the number of previous treatment sessions and improvement with previous psychotherapy; and retrospective psychiatric hospitalization on January 1, 2013 because of absence of records identifying a condition that manifested itself by acute symptoms of sufficient severity, such that, in the absence of the needed medical attention, it would result in serious jeopardy. The request for specialty referral to a Toxicologist was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

SECOND OPINION CONSULT: DERMATOLOGY LIFETIME TREATMENT: 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) Independent Medical Examinations and Consultations Chapter, pg. 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) Independent Medical Examinations and Consultations Chapter, pg. 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. Patient is a diagnosed case of scleroderma secondary to long-term exposure to organic solvent and other chemicals. Patient had rashes at the right leg and right flank associated with burning, and itching sensation. He underwent PUVA therapy, however, his condition persisted. Utilization review from December 21, 2013 had already certified a request for dermatology consult; however, progress report was not made available for review. Moreover, it does not seem reasonable to certify a request for lifetime treatment because assessment and modification of the treatment may be necessary, depending on patient's response. Therefore the request for second opinion consult: dermatology lifetime treatment is not medically necessary.

SPECIALTY REFERRAL: TOXICOLOGIST 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) Independent Medical Examinations and Consultations Chapter, pg. 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) Independent Medical Examinations and Consultations Chapter, pg. 127.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient had a history of industrial-acquired long-term exposure to organic solvent and other chemicals, i.e. asbestos. Referral to a toxicologist concerning asbestos exposure, asthma / reactive airway disease is necessary. The documented rationale is to monitor for asbestos-related neoplasia of lungs, pleura, and other organs. The medical necessity has been established. However, previous utilization review from December 21, 2013 had certified this request; therefore, the present request for specialty referral: toxicologist consult is not medically necessary.

LUMBAR RADIOFREQUENCY ABLATION: L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Section, Facet Joint Radiofrequency Neurotomy.

Decision rationale: According to CA MTUS ACOEM Practice Guidelines, good quality medical literature does not exist regarding radiofrequency neurotomy of facet joint nerves in the lumbar spine and that lumbar facet neurotomies reportedly produce mixed results. In addition, facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG Low Back Section states the criteria for facet joint radiofrequency neurotomy should include a diagnosis of facet joint pain using a medial branch block, and that no more than two joint levels are to be performed at one time. In this case, patient underwent diagnostic facet block injection at L4-L5, and L5-S1 on 10/2/13; however, response to treatment was not documented. The medical necessity has not been established due to lack of information. Therefore, the request for lumbar radiofrequency ablation: L5-S1 is not medically necessary.

FOLLOW-UP WITH NEUROLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient had abnormal cranial MRI findings prompting referral to a neurologist. MRI dated 05/18/2012, revealed nonspecific regions of subcortical and periventricular white matter signal alteration bilaterally; differential considerations are broad and include chronic microvascular ischemia, demyelinating process, or others. No gross evidence for mass effect. Patient had a history of headaches, graded 7/10 in severity, and associated with dizziness and photophobia, as cited in a report dated 09/09/2012. However, recent progress reports failed to document any subjective or objective findings, which may be significant to a neurologist perspective. The medical necessity has not been established at this time due to lack of documentation. Therefore, the request for follow-up with neurologist is not medically necessary.

HOME MEDICATIONS UNSPECIFIED: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medications for Subacute and Chronic Pain.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. In this case, current medications include ProAir rescue inhaler, Advair Diskus, aspirin, Tylenol, Advil, Norco, Amlodipine, Famotidine, Fluoxetine, Pravastatin, Terazosin, and Temazepam for his multiple conditions. Providing medication is necessary, however, the request failed to specify the drug, dosage, frequency of intake, and quantity to be dispensed. The request is incomplete; therefore, the request for home medications unspecified is not medically necessary.

PSYCHIATRIC TREATMENT: AS NEEDED BASIS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, patient had a history of industrial-acquired long-term exposure to organic solvent and other chemicals. Neuropsychological testing to rule out solvent encephalopathy was requested. Patient likewise had concomitant depression, which resulted to emergency medical treatment in January 2013 due to overdose of medications. However, recent progress reports failed to document any subjective or objective findings, which may be significant to a psychiatric perspective. The medical necessity has not been established at this time due to lack of documentation. Moreover, the requested psychiatric treatment is non-specific. Therefore, the request for psychiatric treatment: as needed basis is not medically necessary.

RETROSPECTIVE: PSYCHIATRIC HOSPITALIZATION: JANUARY 2013: 1/1/13-1/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0411_coveragepositioncriteria_observation_care.pdfs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: Cigna Healthcare Coverage Position 2006 (https://my.cigna.com/.../coverage_positions/.../mm_0411_coveragepositioncriteria_observation_care.pdf).

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Cigna Healthcare Coverage Position 2006 was used instead. It states that observation care is defined as those services furnished by a hospital on the hospital's premises, including use of a bed and at least periodic monitoring by a hospital's nursing or other staff which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. In general, the duration of observation care services does not exceed 24 hours, although in some circumstances, patients may require a second day. In this case, patient had an overdose of his medications secondary to severe depression, resulting to emergency medical treatment last 01/01/2013. However, medical

records submitted and reviewed failed to provide documentation concerning the events that took place. The medical necessity has not been established due to lack of information. Therefore, the request for retrospective: psychiatric hospitalization: January 2013: 1/1/13-1/1/13 is not medically necessary.