

Case Number:	CM14-0107346		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2010
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 injured worker is presented with a date of injury of 05/19/2010. Diagnoses were lumbago, cervicgia, left shoulder internal derangement, left knee internal derangement, possible intracranial pressure increase. Past treatments were acupuncture and physical therapy. Diagnostic studies were x-rays. Surgical history was not reported. Physical examination on 12/18/2013 revealed complaints of neck pain that radiated down to the left trapezial aspect of the arm with numbness and tingling at the fingertips. The pain was rated at a 4 and a half/10 on the pain scale. The injured worker complained of lower back pain that radiated down to the posterior and anterior aspects of the legs with numbness at the knee. He rated that pain as a 6-7/10. Cervical examination revealed no tenderness to palpation, range of motion was normal. Motor strength was normal for the right and the left upper extremities. Sensory examination was intact in all dermatomes. Medications were Tylenol, atenolol, tramadol, topical analgesics, Abinol and sertraline. It was reported that the injured worker had intracranial pressure due to high blood pressure and a direct result of his industrial injury. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consultation due to suspected intracranial pressure from hypertension: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2004, 2nd Edition, Chapter 7, Page 127 - Consultation.

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) Chapter 6, page 163.

Decision rationale: ACOEM Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation is lacking pertinent information. Imaging studies were not reported or submitted. The most current progress reports were handwritten and very illegible. Past treatments need to be reported, medications need to be reported. Therefore, the request for neurology consultation due to suspected intracranial pressure from hypertension is not medically necessary.

Evaluation and Treatment of Anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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) Chapter 6, page 163.

Decision rationale: ACOEM Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. The included medical documentation is lacking pertinent information. Imaging studies were not reported or submitted. The most current progress reports were handwritten and very illegible. Past treatments need to be reported, medications need to be reported. Therefore, the request for evaluation and treatment of anxiety is not medically necessary.