

Case Number:	CM14-0108476		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1996
Decision Date:	09/09/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/12/2014

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 and 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 a 57-year-old female who reported an injury on 08/31/1996. On 05/17/2014, the injured worker presented with lumbar spine pain. Upon examination of the lumbar spine, there was 9 degrees of lumbar flexion, 5 degrees of lumbar extension, 5 degrees of left lateral and 21 degrees of lumbar right lateral. The range of motion values for the cervical spine included 32 degrees of cervical flexion, 22 degrees of cervical extension, 19 degrees of cervical left lateral and 10 degrees of cervical right lateral. There was a positive bilateral straight leg raise. The diagnosis were not provided. Prior therapy included medications and a Functional Capacity Evaluation. The provider recommended a nutritional, emotional, social, and psychological consultation, the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) NESP (Nutritional, Emotional, Social, Psychological) consult for detoxification of prescription drug related to lower back work injury: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's; "The Pharmacological Basis of Therapeutics", 12th ed. McGraw Hill, 2008 Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers' Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm.drugs.com.

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), updated guidelines, Chapter 6, page 163.

Decision rationale: The request for NESP (Nutritional, Emotional, Social, Psychological) consult for detoxification of prescription drug related to lower back work injury is not medically necessary. The California MTUS/ACOEM Guidelines state that a 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. There was no clear rationale to support the use of a consultation. The provider's rationale was not provided. As such, the request is not medically necessary.