

Case Number:	CM14-0175769		
Date Assigned:	10/28/2014	Date of Injury:	03/20/2014
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 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 injured worker is a 51-year-old male who reported an injury on 03/20/2014 while admitting passengers onto his bus. He was assaulted and suffered a concussion. The injured worker reported that he many physical injuries as a result of being repeatedly hit in the head by the passenger. Diagnoses were cervical/thoracic/lumbar spine sprain/strain, multiple contusions, post-traumatic headaches, concussion syndrome with light headache, and stress work related. Physical examination dated 06/24/2014 revealed complaints of constant lower back pain with burning sensation that radiated to the abdomen, constant left shoulder pain, constant neck pain, and right knee pain with swelling. Examination revealed cervical spine was tender with muscle spasms at level C2 through C7. The left shoulder was tender on range of motion with positive impingement. The thoracic spine was tender with muscle spasms at levels T1 through T3. The right knee was anteriorly tender. Treatment plan was to continue with current medications and physical therapy 2 times weekly for the next 4 weeks and Acupuncture 2 times per week for the following 4 weeks. 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:

1 Psyche Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387 & 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for 1 psyche consult is not medically necessary. The California MTUS/ACOEM states specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The documentation submitted for review lacks evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms or diagnoses that would be congruent for a referral to a psychiatrist. Therefore, this request is not medically necessary.

1 Internal Medicine Consult: 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, Office Visit

Decision rationale: The request for 1 internal medicine consult is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. Based on the documentation submitted, there was no clear rationale detailing the need for 1 internal medicine consult. There is a lack of documentation of an objective assessment of the injured worker. The clinical information submitted for review does not provided evidence to support the decision for 1 internal medicine consult. Therefore, this request is not medically necessary.

1 Left Shoulder Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, Diagnostic

Decision rationale: The request for 1 left shoulder ultrasound is not medically necessary. The Official Disability Guidelines state that ultrasonic diagnostic is recommended. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound can equally be used for detection of full thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound may also be more cost effective in a specialist's hospital setting for identification of full thickness tears. There was no clinical documentation indicating the need for left shoulder ultrasound. The provider did not document an examination on 06/24/2014 physical examination. The provider stated that he did a physical examination on his initial visit which was dated 05/20/2014. There was no documentation of the injured worker participating in a home exercise program. There was no report of objective functional improvement from the physical therapy or the acupuncture sessions. Based on the lack of documentation detailing a clear indication for the decision of 1 left shoulder ultrasound, this request is not medically necessary.

30 Sonata 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

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

Decision rationale: The request for 30 Sonata 10 mg is not medically necessary. The Official Disability Guidelines state insomnia treatment is recommended based on the etiology, with the medications recommended. Per drugs.com, Sonata is in the category of a sedative/hypnotic medication. According to the Official Disability Guidelines, it is used as a first line medication for insomnia. This class of medications includes Zolpidem (Ambien, Sonata, Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type 1 benzodiazepine receptors in the central nervous system. All of the benzodiazepine receptor agonists are Schedule 4 controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepines hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Sonata is recommended for a short term use of 7 to 10 days as indicated with a controlled trial showing effectiveness for up to 5 weeks. The efficacy of this medication was not reported. There were no reports of improved sleep quality. Also, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

6 Acupuncture sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for 6 acupuncture sessions is not medically necessary. The California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is not recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The injured worker had previous acupuncture sessions that were not reported with an objective functional improvement. The medical guidelines state that further sessions can be approved if objective functional improvement is documented either a clinically significant in activities of daily living or a reduction in work restrictions. The clinical information submitted for review does not provide evidence to justify additional acupuncture sessions. Therefore, this request is not medically necessary.