

<b>Case Number:</b>	CM14-0185124		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	09/02/2009
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2014

### 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 Internal 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:

The injured worker (IW) is a 38-year-old man with a date of injury of September 2, 2009. The mechanism of injury occurred when he was using an extension ladder on top of scaffolding. The IW fell a full 16 feet to the ground, striking his head and causing a concussion and a skull fracture. He was bleeding through the nose and mouth and was taken directly to a [REDACTED] hospital. He was hospitalized for several days then discharged. Pursuant to a progress note dated October 10, 2014, the IW complains of headaches, depressed mood, poor concentration, paranoid feelings, low energy, psychomotor retardation, hopelessness, despair, chronic pain, tinnitus, anxiety and isolation. He has had these symptoms since the accident 3 years ago. He has been taking all of his medications as prescribed, but still has these severe depression, anxiety, and pain. The IW was in good health before the accident. The IW underwent Botox injections of his rectum on July 22, 2014. The IW had reduced pain at the rectum and there has been less bleeding. The provider states that the injections have appeared to of been helpful with healing his anal fissure. The IW saw the colorectal specialist again on September 30, 2014. The provider felt like the anal fissure was improving. The plan was to follow-up with the IW again on November 25, 2014. The IW has been diagnosed with post-concussion syndrome with cognitive deficits and frequent tinnitus; post concessional headaches/migraines; status post multiple cranial and facial fractures with apparent right temporomandibular joint syndrome; chronic cervicalgia; chronic back pain; rule out bilateral cervical radiculitis; sciatica, rule out bilateral lumbosacral radiculitis with motor findings on the right at L4 and L5; Lumbar degenerative disc disease and spondylolisthesis, per MRI; right shoulder impingement syndrome; apparent fall risk due to ambulatory deficits; pain-related insomnia; pain and situational depression/anxiety, with suicidal ideation; and post traumatic visual disturbance involving the right eye. Current medications include: Oxycodone/APAP 10/325mg, Geodon 80mg, Lexapro 20mg, Topamax 100mg,

Wellbutrin SR 150mg, Docusate Sodium 250mg, Senna 8.6mg, Nitroglycerin 0.4% cream, Psyllium, Metformin 500mg, Glucotrol 5mg, and Lovastatin 10mg. The provider is requesting a 30 day trial of TENS unit, colorectal surgery follow-up and further neuropsychological follow-up.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 colorectal surgery follow up: 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, Office Visits Other Medical Treatment Guideline or Medical Evidence:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2366122/>

**Decision rationale:** Pursuant to the Official Disability Guidelines and NCBI, colorectal surgery follow-up times one is not medically necessary. Botulinum toxin injection is an effective alternative for surgery or treatment of uncomplicated idiopathic anal fissure. Surgery should be offered to patients who do not approve with botulinum toxin injection and to those with complicated anal fissure. Office visits are recommended as determined to be medically necessary. They play a critical role in proper diagnosis and return of function of an injured worker and they should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker received a botulinum toxin injection to the affected anal area. Based on documentation there has been evidence of reduced pain, less bleeding and healing of the anal fissure noted on a July 22, 2014 progress note. The injured worker saw the colorectal surgeon again on September 30, 2014. The clinical impression with the anal fissure was improving. There is no clinical indication for follow-up with colorectal surgeon based on the overall improvement of the anal fissure. The area is healing and the primary treating physician should follow the anal area. Additionally, it is unclear from the documentation how the anal fissure is causally related to the work injury. Consequently, in the absence of an exacerbation of symptoms with reduced pain, less bleeding and healing, the colorectal surgical consult is not medically necessary.

#### **Neuropsychological follow ups: 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, Office Visits

**Decision rationale:** Pursuant to the Official Disability Guidelines, referral for neuropsychological follow-up is not medically necessary. Office visits are recommended as determined to be medically necessary. They play a critical role in proper diagnosis and return a function of an injured worker and they should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the injured worker was being treated for skull fracture, post-concussion syndrome with cognitive deficits, depression and is unable to participate in decisions regarding his life for medical care. The initial utilization review stated follow-up appointments are appropriate. However, depending upon the injured worker's progress, such visits should be individually based on ongoing assessment. According to the documentation in the review, the reviewer felt follow up was appropriate but requested additional information on three occasions before making the decision. Additional information was requested on October 20, 2014, October 22, 2014 and October 24, 2014 in order to make an informed decision regarding frequency of each service and the duration services will be provided. The requested information was never received and the consultation was non-certified. While additional neuropsychological follow-up is appropriate, additional follow-up consultations should be based on an ongoing individual assessment. Additional information was requested and never received and consequently, referral for neuropsychological follow-up is not medically necessary.