

Case Number:	CM14-0038080		
Date Assigned:	06/25/2014	Date of Injury:	02/22/2011
Decision Date:	07/23/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old male with an injury date of 02/22/11. Based on the 01/28/14 Qualified Medical Evaluation provided by [REDACTED] the patient complains of neck, shoulder, and headache pain due to stress. His current symptoms are at an 8/10 and his headache is rated as a 9/10. He has not had good sleep in 3 years. His diagnoses include the following: 1. Cervical and lumbar strain. 2. Bilateral upper trapezial strain with myofasciitis. 3. Anxiety and depression. 4. Headaches secondary to cervical strain. 5. Right ankle strain. 6. Right and left wrist fracture. 7. Meningioma. 8. Epilepsy. 9. Fingertip numbness. 10. Right-sided weakness. 11. Deconditioning syndrome with chronic myofasciitis. 12. Sedentary lifestyle. 13. Internal medicine complaints. 14. Ophthalmic complaints. 15. Pulmonary/toxicology. [REDACTED] is requesting for a consultation with a toxicologist. The utilization review determination being challenged is dated 03/25/14. According to the rationale, "The records do not indicate that the claimant has any symptoms or findings, which would suggest exposure to toxins such as pulmonary disease. [REDACTED] states the claimant's exposure to toxins is from exposure to petroleum fumes and motor vehicles. However, there is no documentation of any symptoms related to this exposure or that the patient requires the expertise of a toxicologist at this time." [REDACTED] is the requesting provider, and he provided two treatment reports from 01/06/14 and 03/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a toxicologist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7.

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: ACOEM page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. ACOEM supports specialty consultation and the patient should be allowed consultation with a toxicologist given the treating physician's concern regarding toxic exposure and the patient's symptoms. The request is medically necessary.