

Case Number:	CM14-0070294		
Date Assigned:	09/05/2014	Date of Injury:	05/15/2013
Decision Date:	10/24/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/15/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 5/15/13. A utilization review determination dated 5/14/14 recommends non-certification of follow-up with psychiatrist x 6 sessions and EMG of the BUE. Consultation with psychiatrist and psychology consultation were both certified. Transportation was modified from an unspecified duration to 3 months. On 5/6/14 medical report identifies continued anxiety. Buprenorphine does not help with pain and this makes him more anxious. He does hyperventilate at times and has a hard time focusing. Pain is 9/10. He is not able to drive due to right hand pain and anxiety, and requires transportation. On exam, no abnormal findings were noted and the patient was said to be extremely anxious throughout the visit. Recommendations included a consultation with psychiatrist for management of anti-anxiety medications, 6 follow-up sessions with psychiatrist, multiple medications, and transportation to and from office visits. EMG was also recommended, but the provider noted that "we would like to hold off on the EMG until patient is able to completely wean off. We believe that having the EMG may aggravate his anxiety."

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) follow up sessions with Psychiatrist: 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 and Stress, Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Office visits

Decision rationale: The Official Disability Guidelines (ODG) cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...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 eventual patient independence from the health care system through self-care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient was referred for a consultation with a psychiatrist due to his anxiety and that request was certified. The need for follow-up sessions with that provider will depend in part on the results of that consultation, treatment recommendations made by that provider, etc., and the need for 6 additional sessions cannot be determined prior to that initial consultation. In light of the above issues, the currently requested 6 follow-up sessions with psychiatrist are not medically necessary.

Transportation to and from office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg Chapter, Transportation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Department of Health Care Services-California: Nonemergency Medical Transportation http://www.dhcs.ca.gov/services/medical/Documents/ManCriteria_32_MedTrans.htm

Decision rationale: Regarding the request for transportation, California MTUS and Official Disability Guidelines (ODG) do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.

EMG of the bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 182.

Decision rationale: The ACOEM Guidelines state that the electromyography and nerve conduction velocities including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Within the documentation available for review, there are no physical examination findings identifying subtle focal neurologic deficits for which the use of electrodiagnostic testing would be indicated. Furthermore, the provider noted that the EMG should be postponed as there was concern that it would exacerbate the patient's anxiety. In light of the above issues, the currently requested EMG of the bilateral upper extremities is not medically necessary.