

Case Number:	CM14-0133378		
Date Assigned:	08/22/2014	Date of Injury:	09/23/2013
Decision Date:	03/24/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old man sustained an industrial injury on 9/23/2013. The mechanism of injury was not detailed. Current diagnoses include degenerative joint disease, disc herniation of lumbar spine, right shoulder injury, bilateral ankle injury, right wrist sprain, tinnitus and memory issues. Treatment has included oral medications, surgical intervention and physical therapy. Physician notes dated 7/18/2014 show no improvement, denial for a request for physical therapy and pain management. There are complaints of headache and pain to the feet, right wrist, left shoulder, and ringing in the bilateral ears. Recommendations include requests for pain management and neurology consultations. On 8/6/2014, Utilization Review evaluated prescriptions for pain management and neurology consultations that was submitted on 8/20/2014. The UR physician noted the documentation and history do not objectively support the pain management consultation. Further, the reason for the consultation is unclear. The neurology consultation is not supported with objective documentation and there is no evidence that a mental status examination has been performed and focal deficits have been identified. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2 Edition, 2004 page 127 & Official Disability Guidelines Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent medical examination and consultations, page 127

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. In this case, the reports provided for review show that the patient is prescribed multiple medications including Cyclobenzaprine, Gabapentin, Pantoprazole, Evalapril, and Amitriptyline as of 06/05/14. The requesting physician is [REDACTED] Family practice. The patient is documented with multiple/complex injuries. In this case, guidelines allow referral to specialists when additional expertise may assist the physician with an appropriate course of care. The request is medically necessary.

Neurology Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2 Edition, 2004 page 127 & Official Disability Guidelines Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 Independent medical examination and consultations, page 127

Decision rationale: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The RFA states the request is for Tinnitus and memory issues. The 07/18/14 report by [REDACTED] Family Practice, states the patient complains of memory issues and fuzziness. The 06/05/14 report by [REDACTED] provides an impression of bilateral neurosensory loss of hearing. High pitched sound, single note, both ears and a hearing loss. In this case, neurology consultation appears reasonable, is supported by guidelines, and may help the physician with an appropriate course of care. The request is medically necessary.

