

Case Number:	CM14-0182105		
Date Assigned:	01/29/2015	Date of Injury:	09/23/2013
Decision Date:	03/03/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 31 year old female who was injured on 9/23/2013. The diagnoses are bilateral TMJ pain, greater occipital neuralgia, depression, anxiety, insomnia, headache, fibromyalgia and weight loss. The past medical treatments include PT, nerve blocks for headache and medications management. The patient was evaluated by a GI doctor who did not diagnose any correctable intestinal disease. On the 2/6/2015 clinical report, there was subjective complaint of progressive weight loss. The weight was noted to have decreased by more than 80 lbs from a pre injury weight of greater than 200lbs. There was decreased food intake caused by jaw pain, mouth sores, dyspepsia and loss of appetite. There was objective findings of loose skin, amaciated appearance and tenderness of the occipital nerve areas. The patient was on full term disability. The current medications listed are Seroquel, ibuprofen, promethazine, Protonix, gabapentin and hydromorphone. A Utilization Review determination was rendered on 10/20/2014 recommending non certification for Consultation for psychologist, nutritionist, neurologist and internal medicine physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an internal medicine physician (nutritional status, weight loss):

Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Weight loss

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation and treatment by a specialist when an expertise input will be beneficial for the treatment of a complex medical condition of the patient. The records indicate that the patient reported decreased calorie intake secondary to organic orofacial condition. There is a diagnosis of anxiety and depression that is being managed by medications. The patient had been evaluated by a GI doctor and a Pain Specialist for the GI and chronic pain conditions. These evaluations and treatments by multiple specialists did not have a significant impact in the clinical course of the disease conditions. The comprehensive evaluation by an internal medicine physician will cover all the requested conditions - weight loss, anxiety, depression, headache and general medical conditions. The criteria for the Consultation by an internal medicine physician was met.