

Case Number:	CM14-0187935		
Date Assigned:	11/18/2014	Date of Injury:	08/01/2013
Decision Date:	01/06/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/11/2014

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 37- year-old man with a date of injury of August 1, 2013. The mechanism of injury occurred as a result of toxic inhalation of coccidioidomycosis fungus (Valley Fever). Pursuant to the Legal Internal Medicine Permanent and Stationary Report dated August 21, 2014, the IW continues to note chest pain, cough and occasional shortness of breath. He also reports poor sleep quality and memory impairment along with psychiatric complaints. Physical examination revealed the IW is alert, oriented and cooperative. Cranial nerves II through XII are grossly intact. The IW has been diagnosed with status post Valley Fever pneumonia, status post Valley Fever meningitis, and shortness of breath, sleep disorder, and psychiatric complaints. Current medications include Voticonazole 200mg, unrecalled probiotics daily, and Vitamin C 500mg. Documentation in the medical record indicates a normal pulmonary function test (PFT). The IW has been deemed permanent and stationary. There is no indication that the IW needs active treatment from a psychologist/psychiatrist or there are any new or progressive psychological findings. The report states that the injured worker's psyche complaints caused his sleep disorder. There is no indication that the IW has sleep apnea. The provider is recommending the following consults: Neuro, Pulmonology, Psychiatry, and sleep. The provider is recommending the following medications: Voriconazole 200mg, and Vitamin C 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuro consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Specialty Consultations, Chapter 6, page 127

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, neurology consultation is not medically necessary. The guidelines state specialty consultations are supported when the diagnosis is uncertain or extremely complex, when psychosocial factors were present when the plan or course of care may benefit from additional expertise. In this case, the injured worker is status post Valley fever pneumonia, and Valley fever meningitis. The internal medicine progress note dated August 21, 2014 indicates the injured worker is at maximum medical improvement and his disability status as permanent and stationary. There is no clinical indication in the medical record based on the existing documentation to support a neurology consultation. The diagnosis is not uncertain or extremely complex at this point in time in the plan or course of care would not benefit from additional expertise. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, neurology consultation is not medically necessary.

Pulmonology consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Specialty Consultations, Chapter 6, page 127 and Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, pulmonary consultation is not medically necessary. The guidelines state specialty consultations are supported when the diagnosis is uncertain or extremely complex, when psychosocial factors were present when the plan or course of care may benefit from additional expertise. In this case, the injured worker is status post Valley fever pneumonia, and Valley fever meningitis. The internal medicine progress note dated August 21, 2014 indicates the injured worker is at maximum medical improvement and his disability status as permanent and stationary. There is no clinical indication in the medical record based on the existing documentation to support the pulmonary consultation. Additionally, the medical record indicates normal pulmonary function testing. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, pulmonary consultation is not medically necessary.

Psychiatry consult: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Specialty Consultations, Chapter 6, Page 127 and Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the ACOEM and Official Disability Guidelines, psychiatric consultation is not medically necessary. The guidelines state specialty consultations are supported when the diagnosis is uncertain or extremely complex, when psychosocial factors were present when the plan or course of care may benefit from additional expertise. In this case, the injured worker is status post Valley fever pneumonia, and Valley fever meningitis. The internal medicine progress note dated August 21, 2014 indicates the injured worker is at maximum medical improvement and his disability status as permanent and stationary. There is no clinical indication in the medical record based on the existing documentation to support a psychiatric consultation. The date of injury was August 1, 2013. There is no documentation the injured worker requires active treatment from a psychiatrist. Additionally, there were no new progressive psychological changes. Consequently, a psychiatric consultation at this point in time is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, a psychiatric is not medically necessary.

Sleep consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc-com/odgtwc/pain.htm>

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); Specialty Consultations, Chapter 6, page 127 and Official Disability Guidelines (ODG), Pain Section, Office Visits

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, a sleep consultation is not medically necessary. The guidelines state specialty consultations are supported when the diagnosis is uncertain or extremely complex, when psychosocial factors were present when the plan or course of care may benefit from additional expertise. In this case, the injured worker is status post Valley fever pneumonia, and Valley fever meningitis. The internal medicine progress note dated August 21, 2014 indicates the injured worker is at maximum medical improvement and his disability status as permanent and stationary. There is no clinical indication in the medical record based on the existing documentation to support asleep consultation. There are no new changes or indications in the medical record the injured worker require active treatment from a sleep specialist. As noted above, the date of injury is August 1, 2013. Consequently, a sleep consultation is not medically necessary. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, a sleep consultation is not medically necessary.

Vitamin C 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/cenolate-vitamin-c-ascorbic-acid-344416>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/vitaminc.html>

Decision rationale: Pursuant to Medline plus, vitamin C is not medically necessary. Vitamin C is an antioxidant important for skin, bones and connective tissue. For additional details see attached link. In this case, the injured worker developed Valley fever pneumonia and Valley fever meningitis. The internal medicine progress note dated August 21, 2014 indicates the injured worker is at maximum medical improvement and his disability status as permanent and stationary. There is no clinical indication in the medical record based on the existing documentation to support Vitamin C. There are no new changes or indications in the medical record the injured worker require active treatment with vitamin C. The clinical references do not indicate vitamin C is useful in the treatment of fungal infections. Consequently, vitamin C is not medically necessary.