

Case Number:	CM14-0190627		
Date Assigned:	11/24/2014	Date of Injury:	01/08/2009
Decision Date:	02/17/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 was a 53-year-old man while employed as a bus driver struck an elderly man who died at the scene. The date of injury was January 9, 2009. The injured worker was under the care of psychiatrist and referred for individual psychotherapy and pharmacological therapy. He suffered with anxiety and depression and inability to cope with stress. The injured worker has become severely depressed a company with suicidal ideations. In August 2009, he attempted to hang himself. A QME was performed in January 25, 2010 whereby the injured worker received a diagnosis of post-traumatic stress disorder and major depressive disorder. In March 2010, the injured worker was hospitalized at [REDACTED]. He had continuous psychotherapy and adjustment of his psychotropic medications. In a progress note dated May 23, 2011, the injured worker presented with psychotic behavior, severe depression. On June 26 of 2014 the treating physician submitted a request for a neurology evaluation. There were no new neurologic symptoms noted in the medical record. On October 8, 2014 a request for a referral to a neurosurgeon/neurologist with consultation was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurosurgical consultation: 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); Pain Section, Office Visits. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Independent Medical Evaluations, Chapter 7, Page 127

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, neurosurgical consultation is not medically necessary. The ACOEM states "health practitioners may refer to other specialists for diagnosis is uncertain or extremely complex, when psychosocial factors are present when the plan or course of care may benefit from additional expertise. The Official Disability Guidelines state the need for clinical office visit with healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment." In this case, the injured worker is a 53-year-old with a date of injury January 8, 2009. The injured worker has a well-documented psychiatric condition with residual symptoms of a stroke. The injured worker was participating in group therapy sessions and medication management. A request dated October 8, 2014 was made for a neurosurgical/neurological consultation. The diagnosis/indication was major depressive disorder, severe without psychotic difficulty with memory and concentration. Further review of the medical record did not show any additional supporting documentation. A neurologist and/or neurosurgeon would not be the appropriate consultants for a major depressive disorder. The injured worker was seen by a physician, board-certified in internal medicine with a five page progress report. However, there was no date on the report. There was no documentation in the medical record indicating new neurologic symptoms or any neurosurgical issues. Consequently, absent clinical documentation to support a consultation with a neurologist and or a neurosurgeon, a clinical indication or rationale, neurosurgical consultation is not medically necessary.