

Case Number:	CM14-0198778		
Date Assigned:	12/09/2014	Date of Injury:	09/28/2006
Decision Date:	01/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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 Neurological Surgery 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 is a 62-year-old male who reported an injury on 09/28/2006. The mechanism of injury was not provided. He was diagnosed with lumbar spine disc protrusion. Other treatments were noted to include medications. The most recent note, provided on 08/18/2014, the injured worker reported low back pain, rated 7/10 on a pain scale, and also reported headaches. Upon physical examination, he was noted to be alert and oriented x3. Upon physical examination of his lumbar spine, he was noted to have 60 degrees of flexion, and 25 degrees of extension and right and left lateral flexion. His current medications at the time were noted to include topical creams, which is ibuprofen 10% 60 gm tube and FCL 60 gm. The treatment plan included specialty consultation with neurology and psychology as the treating physician indicated it was outside the area of expertise to evaluate injured worker's continued complaints of headaches, a request for DME, home health aide, and medications. The Request for Authorization was submitted on 08/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry 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 (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The request for psychiatry consultation is not medically necessary. The California MTUS Guidelines does not specifically address psychiatry, however psychologist referral is recommended after a 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. As such, medical necessity has not been established.

Neurology 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 (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Office visits.

Decision rationale: The request for neurology consultation is not medically necessary. California MTUS/ACOEM states referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, or has difficulty obtaining information or agreement to a treatment plan with treating with a particular cause of delayed recovery. The Official Disability Guidelines state that a need for clinical office visits with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The submitted documentation does not provide previous clinical documentation to show evidence of a significant change in clinical presentation or treatment plan when he presented to his 08/18/2014 visit as the treating physician indicated on 08/18/2014, the review of systems, past, family, and social history remains unchanged from the previous visit of 07/14/2014. Based on the lack of documentation indicating significant change in injured worker's clinical presentation from previous visits, the request is not supported by the guidelines. As such, the request for neurology consultation is not medically necessary.