

<b>Case Number:</b>	CM14-0201366		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 35 year old female with an injury date on 04/18/2013. Based on the 11/13/2014 progress report provided by the treating physician, the diagnosis is: 1. Cervical Disc Disease w/ stenosis and spinal cord compression causing progressive radiculomyelopathy. According to this report, the patient complains of 3/10 "left neck and UE pain that sometimes moves to the right in C6 and 7 distributions." The patient states the "symptoms are worse and she is more depressed and crying." The pain increases by sitting, standing for brief period, use of UE's. Heat and rest decrease the pain. Physical exam reveals diminished sensation at the lateral left hand; 4-/5. Diminished grip strength bilaterally. Hoffman's sign is positive, bilaterally. "MRI shows C5-6, 6-7 disc disease with spinal and foraminal stenoses." MRI report was not included in the file for review. The 10/30/2104 report indicates the patient has "stress, anxiety, depression, h/o complication of kidney surgery affecting the diaphragm." Patient's treatments to date consist of multiple physical therapy, acupuncture and epidural steroid injections with "no relieve." Past surgeries consist of right kidney staghorn stone and gastric by-pass. The treatment plan is to request for C5-6, 6-7 ACDF's, MRI of C-spine w/o contrast, and referral to Internal Medicine and Psychiatry. The patient is to "remain off work." The utilization review denied the request for psychological consultation and internal medicine consultation on 11/18/2014 based on the ACOEM guidelines. The requesting physician provided treatment reports from 08/03/2014 to 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychology Consultation and Internal Medicine Consultation: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations page 127,156, and on the Non-MTUS Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127

**Decision rationale:** According to the 11/13/2014 report, this patient presents with 3/10 "left neck and UE pain that sometimes moves to the right in C6 and 7 distributions." Per this report, the current request is for psychological consultation and internal medicine consultation. The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician does not explain why a psychological consultation and internal medicine consultation are needed. However, the treater mentioned that the patient has psychological issues such as stress, anxiety, depression, struggling with chronic pain, and had history of gastric by-pass. An evaluation by a psychologist and an internist appears reasonable. The current request is medically necessary.