

Case Number:	CM14-0208899		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2013
Decision Date:	02/27/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for neck pain, headaches, dizziness, emotional distress, and depression reportedly associated with an industrial injury of January 4, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator denied requests for consultation with an otolaryngologist, an allergist, and a psychologist. Non-MTUS Chapter 7 ACOEM Guidelines and non-MTUS ODG guidelines were invoked to deny the request, the former of which was mislabeled as originating from the MTUS. The claims administrator also referenced a November 24, 2014 progress note. The claims administrator stated that the attending provider's documentation was scant and based its denial on the same as opposed to any of the cited guidelines. The applicant's attorney subsequently appealed. In said November 24, 2014 progress note, the applicant alleged issues with difficulty breathing, psychological distress, and emotional upset. The applicant stated that inhaling chemicals and odors triggered his symptoms of dizziness, nausea, and difficulty breathing, and emotional distress. The applicant was placed off of work, on total temporary disability, while a psychiatry evaluation/psychological evaluation, an otolaryngology evaluation, and an allergy evaluation were endorsed while the applicant was kept off of work. The requesting provider was a chiropractor (DC).

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Ears, Nose, Throat, and Allergy specialist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM, 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referrals may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. Here, the requesting provider is a chiropractor (DC), who is slightly ill-equipped to address allegations of headaches, dizziness, difficulty breathing, sensitivity to chemicals, etc. Obtaining the added expertise of providers better-equipped to address such issues and/or allegations, namely an otolaryngologist (ear-nose-throat) specialist and/or an allergist, is, thus, indicated. Therefore, the request is medically necessary.

Consultation with Psychologist: 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), Treatment Index, 11th Edition (web), 2014, Mental Illness & Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health physician is indicated in applicants whose mental health symptoms become disabling and/or persist beyond three months. Here, the applicant is off of work, on total temporary disability, owing in part, to issues including psychological stress, anxiety, and emotional disturbance. Obtaining the added expertise of a provider better-equipped to address such allegations, namely a psychologist/psychiatrist, is, thus, indicated. Therefore, the request is medically necessary.