

<b>Case Number:</b>	CM15-0003392		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/11/1996
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 68 year old male who sustained an industrial injury on 06/11/1996. Diagnoses include new-onset cognitive dysfunction, depression, status post intrathecal pump, right upper extremity complex regional pain syndrome with possible spreading to the left, status post Dorsal Root Entry Zone (DREZ) procedure-cervical spine, status post spina cord stimulator, left rotator cuff tear, right shoulder adhesive capsulitis, and medication induced gastritis with persistent nausea and vomiting. Treatment to date has included medications, intrathecal pain pump, spinal cord stimulator, and home health services. A physician progress note dated 11/17/2014 documents the injured worker has been having problems with cognitive dysfunction, ever since the incident that occurred on 5/1/2014, when he was overdosed by a malfunction of the intrathecal infusion pump, causing the injured worker to be unconscious for about 10 minutes. He was hospitalized for 5 days. Family reports he has been having a neurodeficit with memory loss and difficulty finding words. He needs to be evaluated to review his general deconditioning, several medial problems and his gastrointestinal issues. He takes Zofran twice a week on due to chronic nausea and vomiting. He has been getting more migrainous headaches which respond very well to oral Imitrex. Headaches are related to constant tension in the cervical spine from his upper extremity CRPS and dystonia-type symptoms. Treatment requested is for 1 referral to [REDACTED] psychology for neurocognitive function test as related to malfunction of lumbar intrathecal infusion pump, and Internal Medicine consultation for general medical problems and GI issues as related to neck injury. On 12/10/2014 Utilization Review non-certified the request for 1 referral to [REDACTED] psychology for neurocognitive

function test as related to malfunction of lumbar intrathecal infusion pump, and cited was Official Disability Guidelines. The request for an Internal Medicine consultation for general medical problems and GI issues as related to neck injury was non-certified and cited was California Medical Treatment Utilization Schedule (MTUS) - American College of Occupational and Environmental Medicine (ACOEM).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Referral to [REDACTED] psychology for nuero cognitive function test as related to malfunction of lumbar intrathecal infusion pump: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

**Decision rationale:** This patient presents with right upper extremity, left shoulder, lumbar spine, and cervical spine pain, and gastritis. The treater is requesting 1 REFERRAL TO [REDACTED], PSYCHOLOGY, FOR NEUROCOGNITIVE FUNCTION TEST AS RELATED TO MALFUNCTION OF LUMBAR INTRATHECAL INFUSION PUMP. The RFA dated 11/17/2014 shows a request for [REDACTED], cognitive neuropsych eval. The patient's date of injury is from 06/11/1996, and he is currently temporarily totally disabled. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 11/17/2014 report notes that the patient has ongoing depression and anxiety due to his current condition. The treater would like to refer the patient to a psychologist to address the patient's current psychological issues and the request IS medically necessary.

#### **Internal Medicine consultation for general medical problems and GI issues as related to neck injury: Overturned**

**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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

**Decision rationale:** This patient presents with right upper extremity and left shoulder, lumbar spine, cervical spine pain, and gastritis. The treater is requesting INTERNAL MEDICINE CONSULTATION FOR GENERAL MEDICAL PROBLEMS AND GI ISSUES RELATED TO NECK INJURY. The RFA dated 11/17/2014 shows a request for [REDACTED], IM/GI consult.

The patient's date of injury is from 06/11/1996 and he is currently temporarily totally disabled. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 11/17/2014 report notes that the patient needs to be evaluated by an internal medicine physician to review his general deconditioning, several medical problems, and his GI issues. He has chronic gastritis and requires Zofran on a daily basis. The treater is concerned that if the patient is not evaluated and treated properly, he may have a serious medical condition. The request is supported by the guidelines and IS medically necessary.