

Case Number:	CM15-0005343		
Date Assigned:	01/16/2015	Date of Injury:	06/20/2014
Decision Date:	03/25/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/09/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 48-year-old male who reported injury on 06/20/2014. The mechanism of injury was a motor vehicle accident. The diagnostic studies, medications and surgical history were not provided. There was a Request for Authorization submitted for review for a followup with a neurologist and psychologist on 12/22/2014. The documentation of 10/20/2014 indicated the injured worker had a necessity for followup for the neurologist and psychologist. The subsequent documentation of 12/22/2014 revealed the injured worker was complaining of frequent, moderate, achy headaches with low back pain. The injured worker complained of depression and anxiety, and a loss of sleep due to pain. The diagnoses included concussion without loss of consciousness, lumbar myoligamentous injury, lumbar muscle spasm, sprain SI joint bilateral, left elbow myoligamentous injury resolved, psych component and loss of sleep. The treatment plan included a followup with a neurologist for the headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist Consult: Upheld

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. p. 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visit.

Decision rationale: The California MTUS Guidelines recommend, upon ruling out a potentially serious condition, conservative management is provided. If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. They do not however address followup office visits. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical documentation submitted for review indicated the request was for a followup with the neurologist. There was a lack of documentation of the need for an initial consultation. As such, without the lack of clarification, the request for neurologist consult is not medically necessary.

Psychologist Consult: Upheld

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. p. 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visit.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. They do not specifically address office visits. As such, secondary guidelines were sought. The Official Disability Guidelines indicate the need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability and reasonable physician judgment. The clinical documentation submitted for review indicated the injured worker had complaints of depression and anxiety. However, the documentation indicated the injured worker was to followup with a psychologist. There was a lack of documentation indicating whether this was the original consultation request or whether the injured worker had followed up as it was noted to be a followup visit. Additionally, there was a lack of documentation indicating objective findings related to the need for a psychology consult. Given the above and the lack of clarification, the request for psychologist consult is not medically necessary.