

Case Number:	CM15-0145335		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2011
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 11-17-2011. He reported falling out of a car, striking his head and right shoulder, and hyper extending his neck. The injured worker was diagnosed as having phobic disorders and depressive disorder, not elsewhere classified. Treatment to date has included diagnostics, cervical spine fusion (2011), psychological evaluation (1-21-2015), right shoulder surgery (7-24-2014), physical therapy, and medications. On 5-18-2015, the injured worker reported pain in his neck, shoulder, and back. It was noted that he fell a few days after his appointment on 4-13-2015, after he lost his balance. His gait was unsteady. He was recommended a neurology consultation and treatment, noting that the majority of his problem was neurological and not orthopedic. He requested Xanax, which was declined, noting that this should be prescribed by psychiatry. Currently (6-15-2015), the injured worker complains of pain in his neck, upper back, and shoulder. Pain was described as moderate and radiating to the neck, shoulder, forearms, upper back, leg, and foot. Symptoms included burning nerve pain. Pain was rated 4 out of 10 with medications. Medications included Ambien, Motrin, Naprosyn, Norco, and Gabapentin. Referenced diagnostics included magnetic resonance imaging of the cervical spine and electromyogram and nerve conduction studies of the upper extremities. It was documented that he had been treated by a psychiatrist and needed to return due to anxiety and depression. Neurology consult was requested, noting electromyogram and nerve conduction studies study showed problem as high complex. He was to return to regular work, noting that his job was sedentary. The treatment plan included psychiatry consult and follow-up x6 visits, along with neurology consult and follow-up x6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consult and follow-up x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Psychological evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office guidelines and pain chapter- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has anxiety and depression for which a neurology and psychiatry consult was requested. However, there is no justification for 6 visits until the necessity is determined by the psychiatrist. As a result, the request for 6 visits is not medically necessary.

Neurologist consult and follow-up x 6 visits: 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), Office Visits, Evaluation & Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with

eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant had undergone an EMG.NCV which showed persistent radiculopathy. The requesting physician referred to neurology due to complex nature of the findings. However, the request for 6 visits and need for the amount of visits for any particular intervention was not justified and not medically necessary.