

Case Number:	CM15-0023850		
Date Assigned:	02/13/2015	Date of Injury:	03/10/2005
Decision Date:	03/27/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/09/2015

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
 Certification(s)/Specialty: Emergency 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 56-year-old male, with a reported date of injury of 03/10/2005. The diagnoses include cervical radiculopathy, facet arthropathy of the cervical spine, right upper extremity pain, and adjacent segment disease at C3-4 and C6-7. Treatments have included oral medications, an anterior cervical discectomy and fusion on 08/23/2012, a computerized tomography (CT) scan of the cervical spine, medial branch block injection on the right at C6-7 on 01/15/2015, a Toradol injection on 10/15/2015, a stellate ganglion block on 09/04/2014, chiropractic treatment, acupuncture treatments for the neck, physical therapy, an x-ray of the cervical spine on 04/24/2014, electrodiagnostic study of the bilateral upper extremities on 05/19/2014, and a home exercise program. The progress report dated 02/02/2015 indicates that the injured worker reported neck pain, and rated his pain 6 out of 10. He noted persistent tightness in his neck. The physical examination showed limited range of motion of the cervical spine in all planes, pain with facet loading of the cervical spine, tenderness to palpation in the upper cervical facet regions, decreased sensation in the right C5-C8 dermatomes, tenderness to palpation at C5-C7. The treating physician requested pain psychological consultation to evaluate anxiety, stress, and depression and to determine whether treatment or testing is required; urology consultation to evaluate his sexual dysfunction; and neurology consultation to evaluate the injured worker's persistent and severe headaches. There is claim of headache, claim of depression/anxiety and claims of sexual dysfunction but there is no documentation of basic assessment in terms of physical exam or even history of these claims documentation on record. Review of progress notes dated 1/26/15 and 1/8/15 does not even mention these complaints. On

02/02/2015, Utilization Review (UR) denied the request for pain psychological consultation, urology consultation, and neurology consultation. The UR physician noted that there was no documentation of self-directed treatment for the alleged psychological overlay from the injured worker's orthopedic conditions and no documentation of chronic pain syndrome; there were no objective findings of sexual dysfunction and no documentation of conservative care; and no objective findings of reported headaches. The MTUS Guidelines and MTUS ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain 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 and Consultations

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: As per MTUS Chronic pain guidelines, behavioral interventions for pain is recommended in most chronic pain situations. However, the provider has failed document even basic assessment using basic screening tools for anxiety or depression. The provider has failed to document any signs or symptoms consistent with anxiety or depression. Pain psychologist consultation is not warranted.

Urology 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 and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for urology consultation. Patient has claimed vague issues with sexual dysfunction but provider has failed to provide even basic history or physical exam to make determination. The lack of documentation fails to support consultation with urology.

Neurology 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 and Consultations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for neurology consultation. There is claim of headache but patient has potential cervicogenic pathology for pain. The provider has failed to document even basic history of exam to assess cause of headache. The lack of documentation fails to support consultation with Neurology.