MAXIMUS Federal Services

| Case Number: | CM15-0024662 | | |
|---|---|---|---|
| Date Assigned: | 02/17/2015 | Date of Injury: | 03/06/2013 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 02/05/2015 |
| 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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

## 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 50-year-old female, who sustained an industrial injury on 03/06/2013. She has reported pain in the neck, upper back, bilateral shoulders, and bilateral hands/wrists. The diagnoses have included cervical spine sprain/strain; thoracic spine sprain/strain; bilateral carpal tunnel syndrome; and depression. Treatment to date has included medications, physical therapy, and home exercise program. Medications have included Ultram, Cyclobenzaprine, and Prilosec. Currently, the injured worker complains of constant pain in the bilateral hands and wrists, left greater than right; the wrist pain is described as sharp and is rated at 5-6/10 on the visual analog scale, with numbness and tingling; constant dull neck pain; constant dull and achy upper back pain; intermittent pain in the right thumb which is described as dull and achy with numbness; and symptoms of anxiety and depression. A progress report from the treating physician, dated 01/15/2015, included objective findings consisting of tenderness to palpation of both shoulders, both wrists, cervical paraspinal muscles, and thoracic paraspinal muscles; and straight leg raise test for pain along the sciatic distribution is positive bilaterally. The treatment plan included requests for home exercise program, weight loss program, psychiatric evaluation, autonomic nerve system testing, and medications. On 02/05/2015 Utilization Review noncertified a prescription for Weight Loss Program; modified a prescription for Psychiatric Evaluation and Treatment, to 1 Psychiatric Evaluation; and noncertified a prescription for 1 Autonomic Nerve System Function Test. The CA MTUS, ACOEM Guidelines and Non- MTUS, ACOEM Guidelines were cited. On 02/05/2015, the injured worker submitted an application for IMR for

review of Weight Loss Program; Psychiatric Evaluation and Treatment; and 1 Autonomic Nerve System Function Test.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Weight Loss Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pharmacologic and Surgical Management of Obesity in Primary Care: A Clinical Practice Guideline from the American College of Physicians.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse Management of obesity. A national clinical guideline.

**Decision rationale:** MTUS and ODG are silent regarding the issue of weight loss program. There is no indication for a weight loss program at this time. There is no indication that other options such as diet and lifestyle modification have been tried by the injured worker. The MTUS and ODG guidelines do not support the medical necessity for a weight loss program.

**Psychiatric Evaluation and Treatment:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 398.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Specialty referral 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness & Stress, Office visits.

**Decision rationale:** ACOEM guidelines page 398 states:"Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. " The request for Psychiatric evaluation and treatment is medically necessary at this time as the injured worker has been experiencing significant psychological distress in form of

depression, insomnia secondary to chronic pain related to the industrial trauma. Will respectfully disagree with the UR physician's decision.

**1 Autonomic Nerve System Function Test:** Upheld

**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 National Guideline Clearinghouse Autonomic nervous system (ANS) testing.

**Decision rationale:** MTUS and ODG are silent regarding the topic of Autonomic Nerve System Function Test. National Guideline Clearinghouse states "Autonomic nervous system (ANS) testing, including parasympathetic function (cardiovagal innervation), sympathetic adrenergic function (vasomotor adrenergic innervation), and sudomotor function (quantitative sudomotor axon reflex test [QSART], thermoregulatory sweat test [TST], and silastic sweat imprint test), may be considered medically necessary for use as a diagnostic tool to evaluate symptoms of vasomotor instability after more common causes have been excluded by other testing: The guidelines do not necessitate the need for Autonomic Nerve System Function Test in this case. There is no clinical rational for the use of this test in this particular scenario. Thus, the request is not medically necessary.