

Case Number:	CM15-0034340		
Date Assigned:	03/02/2015	Date of Injury:	10/21/2014
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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 38-year-old male, who sustained an industrial injury on 10/21/14. He has reported severe pain in back and numbness and weakness of the left leg. The diagnoses have included thoracic vertebral fracture and acute deep vein thrombosis of left calf. Treatment to date has included full torso neck brace, physical therapy and rehabilitation and oral medications. (CT) computerized tomography scan of cervical spine was negative, chest, abdomen and pelvis (CT) computerized tomography scan shows old T11 fracture and (MRI) magnetic resonance imaging of thoracic and lumbar spine shows a T8 endplate fracture and T4-5 disc bulging on the left with foraminal stenosis. Currently, the injured worker complains of inability to sleep due to the accident. On physical exam dated 1/29/15 he sated he was taking 6 Norco per day. On 2/19/15 Utilization Review non-certified psychiatrist consultation, noting it is not indicated at this time as there were no red flags; 1 spine/neurosurgeon consultation and treatment, noting on 1/7/15 it was noted the thoracic vertebral fracture was healing and improving; and 1 pain management specialist consultation and treatment modified to 1 pain management specialist consultation, noting the treatments suggested from the consult are yet unknown. The MTUS, ACOEM Guidelines, was cited. On 2/24/15, the injured worker submitted an application for IMR for review of psychiatrist consultation, 1 spine/neurosurgeon consultation and treatment, and 1 pain management specialist consultation and treatment modified to 1 pain management specialist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 psychiatrist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stress conditions Page(s): 98. Decision based on Non-MTUS Citation ODG and mental health chapter- PTSD/Psychotherapy pg 43-48.

Decision rationale: According to the guidelines, psychotherapy is recommended for PTSD. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. In this case, the claimant had PTSD from the injury and had chronic pain. Evaluation and management with a psychiatrist is appropriate and medically necessary.

1 pain management specialist consultation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OSG and office visits- 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 sustained a significant injury with pain that was refractory to conservative care and pain medications. In such cases, a pain specialist may be able to offer interventions that can improve function and pain. The request for a pain consultation is appropriate and medically necessary.

1 spine/neurosurgeon consultation and treatment: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 314.

Decision rationale: On 1/14/15, the claimant was noted to have improving radicular symptoms. The claimant was already evaluated and treated during the initial injury in 1/2014 for T8 and T11 compression fractures. The physician referred the claimant to a surgeon for possible surgery for prior spinal fractures. According to the algorithms in the guidelines, a referral to a conservative surgeon for consultation regarding expectations and short and long-term goals is appropriate when the claimant desires surgery but the activity tolerance and symptoms may not be decreasing. In this case, the claimant was interested in pursuing the specialist to alleviate the medical problems. The claimant does have nerve root findings. Although, the radicular symptoms are improving and surgery may not be performed, the pain was persistent and recommendations from a spine surgeon on evidenced based management is appropriate and medically necessary.