

Case Number:	CM15-0036401		
Date Assigned:	03/05/2015	Date of Injury:	07/19/2012
Decision Date:	04/13/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 who reported an injury on 07/19/2012. The mechanism of injury was the injured worker tripped over a spray hose and reported injury to his left knee, left forearm, and left shoulder. Prior therapies included 24 sessions of physical therapy and 24 sessions of chiropractic care, an undetermined number of acupuncture visits, medications, steroid injections in the shoulder, and lumbar epidural steroid injections. The injured worker had an MRI of the cervical spine and shoulder. The documentation of 01/09/2015, revealed the injured worker had worsening of his orthopedic condition. The documentation further indicated the injured worker had previously gone to the hospital in the past to remove stuff out of his ear that was debris from his job. The injured worker had lost equilibrium and had hearing loss. The physician documented there was never an undertaking or concerns of toxicology due to the chronic use of plasma coating, which was noted to be carcinogenic and toxic. The physical examination revealed the injured worker had decreased awareness/hearing to a tuning fork and vibration in the left ear. The injured worker stated that he did not at all feel at ease, feel secure, feel rested, feel satisfied, feel happy, and content. The injured worker indicated he was somewhat confused, jittery, and indecisive. The diagnoses included multiple lumbar spine discopathy substantial worsening condition, ligamentous laxity, abnormal translation motion integrity at L4-5 as per flexion and extension studies, a substantial worsening of this condition, lumbar radiculopathy secondary to disc herniation substantial worsening condition, gait derangement substantial worsening condition, vertigo most likely due to the inner ear, hearing loss left ear, possible toxicological poisoning due to the constant presence of plasma coating on the job site,

substantial stress, anxiety, and depression industrial related. The recommendation was a referral to a toxicologist for evaluation, referral to ear, nose, and throat specialist for consultation, and referral for psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toxicology Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Chapter 7, Consultations and the Official Disability Guidelines, 2015, Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule 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. The clinical documentation submitted for review indicated the injured worker had worked around toxic chemicals. However, there was a lack of documentation that the injured worker had signs or symptoms to support the necessity for a toxicology evaluation. Given the above, the request for toxicology evaluation is not medically necessary.

Psychiatric Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Consultations Page(s): 100. Decision based on Non-MTUS Citation ACOEM 2004 Chapter 7, Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker had complaints of depression, and anxiety. Given the above, the request for psychiatric evaluation is medically necessary.

ENT Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2004 Chapter 7, Consultations and the Official Disability Guidelines, 2015, Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Introduction Page(s): 1.

Decision rationale: The California Medical Treatment Utilization Schedule 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. The clinical documentation submitted for review indicated the injured worker had complaints of loss of hearing and dizziness. The physical examination revealed decreased awareness/hearing to tuning fork. The documentation indicated the injured worker had lost his equilibrium, and had a hearing loss. As such, an ENT evaluation would be appropriate. Given the above, the request for ENT evaluation is medically necessary.