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| Case Number: | CM15-0049388 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 04/24/2014 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/16/2015 |

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: 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 57 year old male who sustained an industrial injury in a motor vehicle accident on Apr 24, 2014. The injured worker was diagnosed with cervical spondylosis, cervical degenerative disc disease, cervical myofascial sprain/strain, cervicgia, lumbar spondylosis, lumbar/lumbosacral disc degeneration and lumbar myofascial sprain/strain. The injured worker underwent Computed Tomography (CT) of the head and cervical spine in April 24, 2014, magnetic resonance imaging (MRI) studies of the thoracic spine and left elbow on June 9, 2014, a magnetic resonance imaging (MRI) of the brain on July 7, 2014, Video Electronystagmography examination and Audiogram on October 1, 2014 and a lumbar and cervical spine magnetic resonance imaging (MRI) January 21, 2015. According to the primary treating physician's progress report on December 22, 2014, the injured worker continues with the same symptoms. He complains of lack of sleep due to pain and tingling in the lower extremities. According to the physical therapy report on February 19, 2015 (session #30) the injured worker had no change in the lower extremity numbness with aquatic stretches. He continues to have left sided headaches, dizziness and ringing in the left ear. Current medications are listed as Amrix, Famotidine, Hydrocodone, Ibuprofen, Oxycodone and Zolpidem. Treatment plan consists of the requested pain management evaluation and psychological evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation and treatment, lumbar and cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with cervicalgia, headaches, lumbar spine, left elbow, and left rib cage pain. The physician is requesting PAIN MANAGEMENT CONSULTATION AND TREATMENT, LUMBAR AND CERVICAL SPINE. The RFA was not made available for review. The patient's date of injury is from 04/24/2014, and he is currently not working. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The 02/05/2015 progress report notes that the patient continues with the same symptoms. He complains of lack of sleep due to pain and tingling in his lower extremities. There is tenderness in the paravertebral musculature and trapezius. The neuro, circular, motor, and sensory testing is intact to light touch and pinprick in the cervical spine. The patient has an antalgic gait and uses a cane for ambulation. Straight leg raise is positive bilaterally. The patient has utilized medications with some benefit, land therapy without benefit, and aqua therapy with some benefit. It appears that the treater would like a consultation with a pain management physician to seek other treatments for the lumbar and cervical spine. However, the physician requested consultation and treatment. There is no way of knowing what treatment would be recommended and the treatment would need to be requested separately and evaluated based on the appropriate guidelines. The current request for a pain management consultation and treatment IS NOT medically necessary.

Psychological evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: This patient presents with cervicalgia, lumbar spine, left elbow, left rib cage pain, and headaches. The physician is requesting PSYCHOLOGICAL EVALUATION AND TREATMENT. The RFA was not made available for review. The patient's date of injury is from 04/24/2014, and he is currently not working. The ACOEM Guidelines page 127 states that a health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the pain and course of care may benefit from additional expertise. The records do not show any previous request for psychological evaluation and treatment. The 09/11/2014 physical therapy report shows that the patient is

pending an ENT after neurology consult. His wife states that the patient seems to be progressively getting worse cognitively. The patient has a diagnosis of anxiety and posttraumatic stress disorder. In this case, given the patient's current symptoms, the request for an evaluation would be appropriate and supported by ACOEM. However, the physician requested evaluation and treatment. There is no way of knowing why treatment would be recommended and the treatment would need to be requested separately and evaluated based on the appropriate guidelines. The current request for a psychological evaluation and treatment IS NOT medically necessary.