

Case Number:	CM15-0051617		
Date Assigned:	03/25/2015	Date of Injury:	12/29/2013
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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 64-year-old male who reported an injury on 12/29/2013. The mechanism of injury was falling off of the step of his truck. His diagnoses included headaches, memory problems, irritability, fractured teeth, right knee pain, right ankle pain, low back pain, right shoulder pain, and right wrist pain. His medications included topiramate, nortriptyline, and Vicodin 10/325 mg. Other therapies included physical therapy, epidural steroid injections, work modifications, and pain medication. Diagnostic studies included a radiograph of the right knee on 10/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The request for psychological consultation is not medically necessary. California MTUS Guidelines state that diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations are generally accepted, well established diagnostic procedures, not only with selected use in pain problems, but also with more widespread use in chronic pain populations. There is a lack of documentation regarding the necessity of a psychological evaluation. Therefore, the request for psychological consultation is not medically necessary.

Internal Medicine consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 32.

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

Decision rationale: The request for internal medicine consultation is not medically necessary. The California MTUS Guidelines state that the physician begins with an assessment of the presenting complaint and a determination as to whether there is a red flag for a potentially serious condition which would trigger an intermediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If a complaint persists, the physician needs to reconsider the diagnosis and decide whether a special test evaluation is necessary. There is a lack of documentation regarding red flags for a potentially serious condition. Therefore, the request for internal medicine consultation is not medically necessary.

Dental Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 32.

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

Decision rationale: The request for dental consultation is not medically necessary. The California MTUS Guidelines state that the physician begins with an assessment of the presenting complaint and a determination as to whether there is a red flag for a potentially serious condition which would trigger an intermediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If a complaint persists, the physician needs to reconsider the diagnosis and decide whether a special test evaluation is necessary. The documentation in the medical record indicated the injured worker was advised to follow up intermittently for dental exams. There is a lack of documentation as to whether the injured worker did follow up and there is a lack of rationale as to having a dental consult now after the claim is more than a year old. The request for dental consultation is not medically necessary.

Neurologist Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 32.

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

Decision rationale: The request for neurologist consultation is not medically necessary. The California MTUS Guidelines state that the physician begins with an assessment of the presenting complaint and a determination as to whether there is a red flag for a potentially serious condition which would trigger an intermediate intervention. Upon ruling out a potentially serious condition, conservative management is provided. If a complaint persists, the physician needs to reconsider the diagnosis and decide whether a special test evaluation is necessary. As there is a lack of documentation of red flags for a potentially serious condition, the request for a neurologist consultation is not medically necessary.

EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities is not medically necessary. The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. There is a lack of documentation of recent physical exam findings with peripheral neuropathic concerns versus radicular concerns. The request for EMG (electromyography)/NCV (nerve conduction velocity) of the bilateral lower extremities is not medically necessary.