

Case Number:	CM13-0047403		
Date Assigned:	12/27/2013	Date of Injury:	11/20/2011
Decision Date:	02/21/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a female patient with a date of injury of November 20, 2011. A utilization review determination dated October 16, 2013 recommends noncertification of neurology consultation, internal medicine consultation, and psychiatric consultation. Noncertification for a neurologist consult is due to no physical examination findings related to CSF or lumbar spine trauma, as well as dizziness, bilateral ear pain, and headaches improving. Noncertification for internal medicine consultation is recommended due to limited specific documentation and information to support the necessity of a metabolic workup. Noncertification for psychiatric consult is due to lack of documentation identifying the patient's current psychological state sufficient to support referral. An MRI scan of the cervical spine dated November 23, 2012 is primarily normal with slightly inferior rightward tilt at the cervicothoracic junction. An MRI of the shoulder dated May 21, 2013 identifies a small amount of fluid in the subdeltoid and subacromial bursacompatible with bursitis as well as very mild tendinosis of the distal supraspinatus tendon. A progress report dated May 21, 2013 indicates that the patient continues to have neck, back, rib, and shoulder pain. The note indicates that the patient continues to see a neuro-ophthalmologist and neurologist. The note also indicates that the patient has anxiety and depression related to her ongoing orthopedic and neurologic issues. Physical exam identifies decreased range of motion in the cervical and lumbar spine with myospasm of bilateral erector spinae muscle group. Diagnoses include depression, pseudo tumor cerebri, hearing loss in the right ear, respiratory difficulties, rule out lumbar discopathy, and rule out thoracic discopathy, sleep disorder, bilateral shoulder musculoligamentous injury, and sprain/strain of bilateral ankles, lumbar musculoligamentous injury, cervical musculoligamentous injury, thoracic musculoligamentous injury, ribs sprain/strain, and

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurologist consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for referral to a neurologist, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has indicated that the neurology consultation was due to a history of CSF and lumbar spine trauma as well as headaches, lightheadedness, and whooshing noises. The most recent progress reports do not identify any neurologic compromise which would be attributable to the patient's cervical or lumbar spine. Additionally, the requesting physician has indicated that the patient's dizziness and headaches are improving. Finally, it appears the patient has seen a neural ophthalmologist and neurologist for this condition already. There is no indication as to what diagnostic workup they have completed, what treatment recommendations they made, and whether those treatment recommendations were carried out. In the absence of clarity regarding those issues, the currently requested neurology 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 Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for referral to internal medicine, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician has indicated that the request for internal medicine consultation was due to respiratory difficulties. However, there is no recent documentation of any ongoing respiratory difficulties, or physical examination of the patient's respiratory system, to support referral for

further diagnostic workup and treatment. In the absence of such documentation, the currently requested internal medicine consultation is not medically necessary.

Psychiatric consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127, 291 and 398.

Decision rationale: Regarding the request for referral to psychiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, it appears the patient has already undergone an extensive psychological workup as well as had psychological treatment recommendations put forth during the initial psychological consultation. It is unclear whether these treatment recommendations have been carried out, or whether the patient is continuing to have psychological complaints. The most recent progress report does not identify any psychological issues for which a repeat psychological consultation would be required. Furthermore, the requesting physician has indicated that the psychiatric consultation is for a cognitive assessment. It is unclear what sort of assessment is being requested, above and beyond what has already been accomplished with the extensive psychological assessment authority performed. In the absence of clarity regarding those issues, the currently requested psychiatric consultation is not medically necessary.