MAXIMUS Federal Services

Case Number:	CM14-0166391		
Date Assigned:	10/13/2014	Date of Injury:	07/11/2011
Decision Date:	11/14/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 43 year old male with an injury date of 07/11/11. The 08/01/14 progress report by [redacted] states that the patient presents with Charlie horses in the left leg and numbness in the right hip. The patient also presents with progressive numbness in the right thigh, buttock and leg and increased weight gain. The patient has antalgic gait and ambulates with a cane. The reports do not state if the patient is working. Examination reveals paravertebral tenderness, positive straight leg raise and decreased sensation at left posterolateral thigh. The patient's diagnoses include: Lumbar radiculopathyPost fusion syndrome (failed back)Status post epidural steroid injections x 25 with no reliefStatus post psych clearance for spinal cord stimulator trialThe only medication listed is Percocet. The utilization review being challenged is dated 09/11/14. The rationale regarding the Internal medicine consult is that the reason is not clear; regarding the Psych consult is that the reason is unclear and documentation is incomplete; regarding the urology consult, the plan of care is incomplete and there is limited documentation to support the need. Reports were provided from 03/26/14 to 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consult: Overturned

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

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 Charlie horses in the left leg, numbness in the left hip, right thigh, buttock, and leg along with increased weight gain. The treater requests for Internal Medicine consult. ACOEM Chapter 7 page 127 states the following, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."The 08/27/14 progress report by [redacted], notes an Internal medicine consult on 09/04/14 with [redacted] for abdomen, head and breath. The only report by [redacted] provided is dated 03/26/14 and states the patient presents with worsening acid reflux and unchanged constipation. Examination reports, "2+ tenderness to palpation over the left lower abdomen. There is abdominal obesity." This report provides the following diagnoses for the patient:Abdominal painConstipation secondary to narcotics. There is no discussion in the reports provided regarding the patient's head or breath. [redacted] is noted to be treating the patient for internal medicine on the 08/01/14 report. In this case, the reports show that [redacted] is the Primary Treating Physician and is providing orthopedic care for the patient. It is documented that the patient has abdominal problems and constipation and has received Internal Medicine care in the past. The request is medically necessary.

Psych Consult: Upheld

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

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 Charlie horses in the left leg, numbness in the left hip, right thigh, buttock, and leg along with increased weight gain. The treater requests for Psych Consult. ACOEM Chapter 7 page 127 states the following, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient."The treater does not discuss this request. On 04/23/14 [redacted], Pain Medicine Specialty, states in the treatment plan, "Psych evaluation to rule out any contraindications for spinal cord stimulator (he saw [redacted] in the past)." The 05/11/14 progress report by [redacted] Psychology specialty, states the patient, "...is psychologically cleared to undergo surgery with post operative psychological treatment to address his depressive and anxiety symptoms." The 08/01/14 report by [redacted] states, "Psych evaluation (done and cleared)". The 08/24/14 progress report by The Primary Treating Physician, [redacted], states the patient, "wants to be evaluated by a new doctor. He saw [redacted] and wants to transfer care to [redacted]." The 07/07/14 report by [redacted] states the patient, "is not seen as a good risk for traditional psychotherapy. He can tolerate high levels of discomfort before becoming motivated to change." It appears the request is not for a consultation to rule out contraindications for a spinal cord stimulator as this was accomplished on 05/11/14. The patient's request for a transfer to [redacted], may be related to the 07/08/14 report by [redacted]; however, this is not stated in the reports provided. In this case, there is insufficient documentation to support the request for Psych Consultation. The treater does not explain what psyche issues need to be addressed. The request is not medically necessary.

Urology Consult: Overturned

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

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 Charlie horses in the left leg, numbness in the left hip, right thigh, buttock, and leg along with increased weight gain. The treater requests for: Urology Consult. ACOEM Chapter 7 page 127 states the following, "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient." [redacted], Primary Treating Physician, states regarding a Urology consult on 08/24/14, "[redacted], Needs report 05/2014". This report states the patient has problems

with erections. There is no other discussion of this request in the reports provided. In this case, there is documentation by [redacted], of sexual dysfunction for this patient that supports the request for a Urology consult. The request is medically necessary.