

Case Number:	CM14-0185454		
Date Assigned:	11/13/2014	Date of Injury:	01/10/2013
Decision Date:	12/19/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/06/2014

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 Pain Medicine, 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:

This is a patient with a date of injury of 1/10/13. A utilization review determination dated 10/9/14 recommends non-certification of right knee x-ray, psych referral, and 3 random UA testings. Physician pharmacological management visits were modified from 2 to 1. 10/21/14 medical report notes that the patient was seen for pharmacological consultation, but since she was pregnant, prescription of medications was not made and was to be deferred until after delivery. 10/6/14 chiropractic report identifies pain in the right ankle, lumbar region with radiation to the RLE, anxiety/depression, and insomnia. On exam, there is orthopedic testing noted, but positive versus negative cannot be determined as the left margin of the report is cut off. There is limited cervical ROM. Lumbar exam was not performed due to 3rd trimester of pregnancy. The provider recommended a right knee x-ray, but then noted that the x-ray should be delayed until after delivery of the baby. Pharmacological management sessions x 2 were recommended, as was random UA testing and CMP 3 x per 6 months. Psych referral was also recommended. Agreed Medical (Psychological) Evaluation was performed on 9/23/14. Psychological testing scored the patient in the severe clinical range of depression and anxiety. Recommendations included 12 CBT sessions and consultation with a psychiatrist

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Physician Pharmacological Management visits: 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 (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for 2 physician pharmacological management visits, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring...The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient was seen for pharmacological consultation and medications were not prescribed since she was pregnant. While consideration for medication management may be made after delivery, the patient's clinical condition at that point in the future cannot be predicted and there may no longer be a need for medication management by then. In light of the above issues, the request for 2 physician pharmacological management visits is not medically necessary.

1 Right Knee X-Ray: 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) Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Radiographs

Decision rationale: Regarding the request for x-ray of the right knee, CA MTUS and ACOEM state that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. They support the use of x-rays for joint diffusion within 24 hours of trauma, palpable tenderness over the fibular head or patella, inability to walk 4 steps or bear weight immediately within a week of trauma, and inability to flex the knee to 90. ODG contains criteria for x-ray of the knee in the presence of non-traumatic knee pain with patellofemoral pain or nonspecific pain. Within the documentation available for review, the provider noted that the x-ray was to be deferred until the patient delivers her baby. The patient's clinical condition at that point in the future cannot be predicted and there may no longer be a need for a knee x-ray. In light of the above issues, the currently requested x-ray of the right knee is not medically necessary.

1 Psych Referral: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398.

Decision rationale: Regarding the request for psych referral, 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. Within the documentation available for review, the patient underwent an Agreed Medical (Psychological) Evaluation and psychological testing scored the patient in the severe clinical range of depression and anxiety. Given the presence of significant anxiety and depression, psych referral is indicated so that an appropriate treatment plan can be developed. In light of the above, the currently requested psych referral is medically necessary.

3 Continue Random UA Testings: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 76-79 and 99 of 127.

Decision rationale: Regarding the request for 3 continued random UA testings, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, the patient is not currently utilizing any medications due to pregnancy. Furthermore, the date and results of prior tests are not documented and there is no documentation of current risk stratification to identify the medical necessity of drug screening at the proposed frequency. In light of the above issues, the request for 3 continued random UA testings is not medically necessary.