MAXIMUS Federal Services

Case Number:	CM14-0213456		
Date Assigned:	12/31/2014	Date of Injury:	05/09/2013
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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 & Rehabn

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 38-year-old male with an injury date of 05/09/13. Per the 10/26/14 report by [redacted] The patient presents with persistent pain in the neck, mid back and bilateral hands that is frequent and rated 7/10. The patient is not working. Examination shows decreased range of motion of the cervical spine with tenderness over the paraspinals equally as well as over the suboccipital region. There is decreased strength and sensation 4/5 bilaterally at C5, 6, 7, and 8. Examination of the lumbar spine reveals decreased range of motion with tenderness over the paraspinals, left greater than right with hypertonicity. Straight leg raise is positive left with decreased sensation at 4/5 bilaterally at L4, 5 and S1. The bilateral hands show weak grip strength at 4/5 with decreased sensation at the median and ulnar nerve distributions along with positive triggering of the third digit. The patient's diagnoses include: 1. Disc bulge of 3 mm at C6-7, s/p post fusion at C6-7 02/13/14 2. S/p post head trauma with loss of consciousness 3. Bilateral wrist and hand pain 4. S/p auto accident at this month, rule out recurrent disc herniation 5. Third digit trigger finger 6. Chronic balance problems (08/11/14 report [redacted] 7. Sleep disturbance (08/11/14 report [redacted] 8. Memory problems (08/11/14 report [redacted] 9. Pain left testicle (07/31/14 report [redacted] 10. Hypertension (08/13/14 internal medicine report [redacted]) 11. Insomnia (08/13/14 internal medicine report [redacted]) 12. Urine incontinence (08/13/14 internal medicine report [redacted]) The patient receives treatment from a pain management specialist, spine specialist for the cervical and lumbar spine, a psychiatrist and is consulting with an internist and neurologist. The treater is also requesting for a hand specialist. He has received chiropractic therapy. No current list of medications is provided. The utilization

review dated 11/19/14 denied the request for MRI, brain due to lack of documentation of head injury or objective worsening neurological condition or new red flag. The request for testicular ultrasound was denied due to lack of documentation of testicular problems. Reports were provided for review from 05/23/14 to 12/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Brain: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, MRI.

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for MRI of the Brain per the 10/26/14 report and 10/30/14 RFA. ODG Guidelines under its head chapter, MRI, states this is a well-established brain imaging study and it is indicated as follows: Explain neurological deficit not explained by CT, to evaluate prolonged interval of disturbed consciousness to determine evidence of acute changes superimposed on previous trauma or disease." MRI is more sensitive than CT for detecting traumatic cerebral injury. The 12/30/14 AME report states that the patient was seen by a neurologist, [redacted] on 08/11/14 and underwent a CT scan. This study is not included for review. The 11/26/14 report by [redacted] states that he received this report and [redacted] is requesting an MRI for the brain. [redacted] notes state the patient complains of headaches, sleep disturbance, dizziness, and blurry vision, balance and memory problems. In this case, it appears the treating physicians are attempting to further investigate neurological deficit not explained by CT scan and the request is within guidelines. The request IS medically necessary.

Testicular Ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis Chapter, (acute & chronic), Ultrasound (Sonography)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Library of medicine http://www.nlm.nih.gov/medlineplus/ency/imagepages/9963.htm

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for Testicular Ultrasound per the 10/26/14 report and 10/30/14 RFA. MTUS and ODG do not discuss Testicular Ultrasound.

The National Institutes of Health, National Library of medicine http://www.nlm.nih.gov/medlineplus/ency/imagepages/9963.htm states testicular ultrasound is performed to help determine the cause of testicular enlargement and testicular pain. The 10/26/14 report by [redacted] states, "...the patient has been seeing an internist who is recommending a testicular ultrasound." The 08/13/14 Internal medicine report by [redacted] states the patient presents with urine incontinence and medications have not helped. The report further states, "The patient has not had any benefit with Detrol LA...we would like to refer the patient for Urology consultation, Please obtain a testicular ultrasound. " The 07/09/14 report by [redacted] states the patient presents with urine incontinence and swelling in the testicles. This complicated case involves multiple injuries for the patient and the recommendation of this specialist may help the physician with an appropriate course of care. The request is reasonable and IS medically necessary.

Consultation Hand Surgeon 3rd digit Trigger Finger: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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) Chapter 7 page 127, Consultations.

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for Consultation Hand Surgeon 3rd digit Trigger Finger per the 10/26/14 report and 10/30/14 RFA. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "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." The 10/26/14 report states this request is for consultation regarding the third digit for possible trigger finger release. The reports also states, "The patient has been experiencing triggering of the finger and was given a cortisone injection last month. He states it only lasted a week and that triggering his (sic) back." In this case, the requested expertise afforded by a consultation for possible trigger finger release appears reasonable and may help the physician with an appropriate course of care. The request IS medically necessary.

Continue Treatment with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Psychological treatment.

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for Continue Treatment w/Psychologist per the 10/26/14 report and 10/30/14 RFA.ODG, Psychological treatment, states, "Recommended for appropriately identified patients during treatment for chronic pain. " Guidelines state: up to 13-20 visits over 7-20 weeks if progress is being made; In the case of Major Depression or PTSD up to 50 sessions if progress is being made. This patient has multiple injuries and is treated by multiple specialists. The 07/11/14 Initial Psychologists report by [redacted]. [redacted]. provides the following diagnoses for the patient: PTSD, Major Depressive Disorder, and Single Episode and Psychological factors affecting medical condition. The summary of this report states the patient was found to be in need of emotional treatment. In this case, guidelines recommend up to 50 visits (with progress) for PTSD and Major Depression which is diagnosed for this patient. However, the request is for an indeterminate number. The utilization review does not provide information as to the number of sessions requested. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. In this case, lacking a clear statement of the quantity, the request IS NOT medically necessary.

Consult with Neuropsychologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter

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) Chapter 7 page 127, Consultations

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for Consult w/Neuropsychologist per the 10/26/14 report and 10/30/14 RFA. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7 page 127 state, "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." The 10/30/14 treatment plan states this request is to consult regarding cognition and memory and for trial of suppressant medication, possible Depakote, per the recommendation of [redacted] neurologist on 08/11/14. A copy of this report is included for review. [redacted] assessment is for chronic headache and balance problems and memory problems. It appears the Depakote trial was undertaken by an internist as discussed earlier. In this case, the requested expertise afforded by a consultation for neuropsychological test and for cognitive and memory appears reasonable and may help the physician with an appropriate course of care. The request IS medically necessary.

Norco 10-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids and Medications for chronic pain. Page(s): 88, 89, 76-78, 60-61.

Decision rationale: The patient presents with neck, mid back and bilateral hands s/p post fall/head trauma with loss of consciousness. The current request is for Norco 10-325mg per the 10/26/14 report and 10/30/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed Norco since at least 05/23/14. Analgesia is documented for this patient and pain is routinely assessed through the use of pain scales. On 10/26/14 the treater states than Norco helps the patient's pain and shows a decrease from 8/10 to 4/10. Reports from 05/23/14 rate pain as 4-7/10. The treater also states that Norco allows the patient to ambulate with his walker for 30 minutes as opposed to 15 without having to stop secondary to pain. However, no other specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are only partially addressed. While reports repeatedly state that a UDS is requested, it is unclear if samples were collected. Results are not stated to be consistent and no Urine toxicology reports are provided for review. The treater does state on 09/01/14 that there are no signs of abuse, overuse or adverse reactions. No outcome measures are provided. In this case, ADL's and opiate management issues are not sufficiently documented to support long-term opioid use as required by MTUS. The request IS NOT medically necessary.