

<b>Case Number:</b>	CM15-0120418		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	01/06/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 sustained an industrial injury on 1/06/2003. He reported cumulative physical and emotional symptoms resulting from the demands of the job. Diagnoses include insomnia secondary to medical condition, end stage renal disease, and acute reactive depression. Treatments to date include medication therapy, psychotherapy, and dialysis three times weekly. Currently, he complained of low energy, lack of appetite, feeling emotional and "feels sick a lot of the time". He reported anxiety during dialysis. On 5/28/15, the physical examination documented regular dialysis schedule. He is pending a kidney transplant. The plan of care included a request to authorize a consultation with cardiology and one additional visit post clearance for transplant, and consultation for medication monthly, times three.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with cardiologist and one additional visit post clearance for transplant quantity: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 64 year old male has complained of insomnia, depression and renal disease since date of injury 1/6/03. He has been treated with psychotherapy, medications and dialysis. The current request is for consultation with a cardiologist and one additional visit post operatively from renal transplant. The available medical records do not support a pre and post operative consultation with a cardiologist. There is no documentation in the available medical records that a renal transplant will be performed. On the basis of the available medical records and per the guidelines cited above, consultation with cardiologist and one additional visit post clearance for transplant quantity 2 is not indicated as medically necessary.

**Consultation for medication, monthly, times three quantity: 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** This 64 year old male has complained of insomnia, depression and renal disease since date of injury 1/6/03. He has been treated with psychotherapy, medications and dialysis. The current request is for consultation for medication, monthly, times three. There is inadequate documentation in the available medical records to support 3 additional consultations for medication. There is no provider rationale documented that supports obtaining consultation for medication, monthly x 3 and prior provider notes have indicated a plan to wean medication. It is therefore unclear at this time how many additional visits for medication will be necessary. On the basis of the available medical records and per the ODG guidelines cited above, consultation for medication, monthly, times three is not indicated as medically necessary.