

Case Number:	CM15-0094676		
Date Assigned:	05/20/2015	Date of Injury:	03/27/2009
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old male, who sustained an industrial injury on 3/27/09. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar radiculopathy, cervical degenerative disc disease (DDD), right meniscus tear and depression with anxiety and sexual dysfunction. Treatment to date has included medications, diagnostics, activity modifications, epidural steroid injection (ESI), physical therapy, chiropractic, transcutaneous electrical nerve stimulation (TENS), massage and home exercise program (HEP). Currently, as per the physician progress note dated 4/20/15, the injured worker complains of neck pain, mid and low back pain, bilateral hip and bilateral knee pain. He reports that the pain level has increased since the last visit. The pain is rated 7/10 on pain scale with medications and 9/10 without medications. He reports poor sleep quality due to pain and activity level that has remained unchanged. The objective findings reveal that the cervical spine has restricted range of motion limited by pain. On exam of the paravertebral muscles there is hypertonicity, spasm, tenderness, tight muscle band and trigger point is noted bilaterally. There is tenderness over the paracervical muscles and trapezius and Spurling's maneuver causes pain in the neck muscles. The exam of the lumbar spine reveals restricted range of motion limited by pain and positive lumbar facet loading on the right side. There is trigger point with radiating pain and twitch response on palpation at the cervical paraspinal muscles on the right and left lumbar paraspinal muscles on the right and left. The bilateral knee exam reveals restricted range of motion, crepitus with active movement, and tenderness with palpation over the medial joint line and patella, patellar grind test is positive and ankle clonus is absent. The current medications included

Fluoxetine, Ibuprofen, Ultram, Gabapentin, and Clonazepam. There are no recent diagnostics noted in the records and there was no previous therapy sessions noted. The physician requested treatments included a referral to the urologist and a referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to an Urologist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127, consultation.

Decision rationale: The patient presents on 04/20/15 with neck pain, mid back pain, and lower back pain rated 7/10 with medications, 9/10 without medications. The patient's date of injury is 03/27/09. Patient is status post 4 lumbar epidural steroid injections from 2006 to 2009. The request is for REFERRAL TO A UROLOGIST. The RFA was not included. Physical examination dated 04/20/15 reveals tenderness to palpation of the cervical paraspinal muscles, reduced range of motion in the cervical spine, and a positive twitch response which elicits radiating pain bilaterally. Lumbar spine examination reveals tenderness to palpation, reduced range of motion, positive twitch response and trigger points bilaterally. Knee examination reveals tenderness to palpation along the anterior midline aspect and patella bilaterally. The patient is currently prescribed Fluoxetine, Ibuprofen, Ultram, Gabapentin, Clonazepam, and Lisinopril. Diagnostic imaging was not included. Patient's current work status is not provided. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for 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. In regard to the consultation with a urologist, the request is appropriate. Progress note dated 04/20/15 states that this patient had already received authorization for a urology consultation previously, but was unable to make the appointment due to an inability to commute to the appointment. It is stated that the purpose of the consultation is an evaluation of sexual dysfunction symptoms, which have persisted for some time. A urology referral is appropriate to treat a complaint of this nature, ACOEM supports consultation when the course of care may benefit from additional expertise, such a consult could produce significant benefits for this patient. Therefore, the request IS medically necessary.

One referral to a Psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127, consultation.

Decision rationale: The patient presents on 04/20/15 with neck pain, mid back pain, and lower back pain rated 7/10 with medications, 9/10 without medications. The patient's date of injury is 03/27/09. Patient is status post 4 lumbar epidural steroid injections from 2006 to 2009. The request is for REFERRAL TO A PSYCHIATRIST. The RFA was not included. Physical examination dated 04/20/15 reveals tenderness to palpation of the cervical paraspinal muscles, reduced range of motion in the cervical spine, and a positive twitch response which elicits radiating pain bilaterally. Lumbar spine examination reveals tenderness to palpation, reduced range of motion, positive twitch response and trigger points bilaterally. Knee examination reveals tenderness to palpation along the anterior midline aspect and patella bilaterally. The patient is currently prescribed Fluoxetine, Ibuprofen, Ultram, Gabapentin, Clonazepam, and Lisinopril. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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. In regard to the consultation with a psychiatrist for this patient's chronic pain and depression, the request is appropriate. Progress note dated 04/20/15 states that this patient suffers from depression and sleep complaints secondary to pain and disability, the provider wishes for a consultation so that he may address the psychiatric component of this patient's complaint. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms and depression, further consultation with a psychiatrist could produce significant benefits. Therefore, the request IS medically necessary.