

Case Number:	CM14-0145785		
Date Assigned:	09/12/2014	Date of Injury:	10/03/2013
Decision Date:	10/23/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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 Family 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:

The injured worker is a 65 year old male whose date of injury is 10/03/2013. On this date the injured worker fell from a ladder, landing face down on the ground. Diagnoses are displacement of cervical intervertebral disc without myelopathy, cervicalgia, lumbago, sprain of hip and thigh, and pain in joint involving lower leg. Note dated 08/07/14 indicates that cervical pain is rated as 7/10. There is also severe right shoulder pain. On physical examination there is tenderness to palpation. Straight leg raising is increased. Range of motion is decreased Medications include omeprazole, cyclobenzaprine and Naproxen. QME dated 08/14/14 indicates that the injured worker has been scheduled for surgical consultation on 09/12/14

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consult for Anxiety/Depression: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation, Page(s): 100-101.

Decision rationale: Based on the clinical information provided, the request for psych consult for anxiety/depression is not recommended as medically necessary. There is no indication that the

injured worker presents with significant psychological issues which have impeded his progress in treatment to date. There is no clear rationale provided to support the requested consult at this time, and therefore, medical necessity is not established in accordance with CA MTUS guidelines

Heat/Cold Unit - Aqua Relief System Installation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs

Decision rationale: Based on the clinical information provided, the request for heat/cold unit-aqua relief system installation is not recommended as medically necessary. The Official Disability Guidelines would support the at-home local application of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. This injured worker's date of injury is over one year old. There is no clear rationale provided to support the requested unit at this time. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

Heat/Cold Unit-Aqua Relief System Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Cold/heat packs

Decision rationale: Based on the clinical information provided, the request for heat/cold unit-aqua relief system purchase is not recommended as medically necessary. The Official Disability Guidelines would support the at-home local application of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs. This injured worker's date of injury is over one year old. There is no clear rationale provided to support the requested unit at this time. Therefore, medical necessity is not established in accordance with the Official Disability Guidelines.

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Page(s): 43.

Decision rationale: Based on the clinical information provided, the request for urine toxicology is not recommended as medically necessary. The CA MTUS guidelines recommend drug screening to assist in monitoring adherence to a prescription drug treatment regimen, to diagnostic substance misuse, addiction and/or other aberrant drug related behavior. There is no documentation provided regarding prior urine drug screens. There is no documentation of aberrant behavior. There is no clear rationale provided to support the request at this time, and therefore medical necessity is not established in accordance with CA MTUS guidelines.