

Case Number:	CM14-0146655		
Date Assigned:	09/12/2014	Date of Injury:	10/26/2012
Decision Date:	10/06/2014	UR Denial Date:	08/14/2014
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 Occupational 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 patient is a 47 y/o male who has developed post-concussion syndrome, head, neck, shoulder and low back pain subsequent to a fall on 10/26/12. He is described as falling greater than 10 feet with a subsequent loss of consciousness and lumbar fractures. He has no lumbar neurological deficits reported in his history or exam. He is reported to be under stress due to his limitations and financial difficulties. He is also reported to experience insomnia and sexual dysfunction due to his current circumstances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS Guidelines supports the appropriate use of consultants when a problem is not in the expertise of the treating physician. In particular, MTUS Guidelines support psychological input when there is delayed recovery. The treating physician clearly documents

ongoing stress secondary to the reported injury. The request for a Psychology consult is medically necessary.

Urology Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26.

Decision rationale: MTUS Guidelines recommend a reasonable standard of medical evaluation prior to referrals or treatment. Other than stating that there is sexual dysfunction, the requesting physician does not document any details regarding the medical necessity of the referral. There is no neurological damage that would cause organic sexual dysfunction. There is no detailing what constitutes the sexual dysfunction i.e. due to stress a lack of desire or actual mechanical issues. Under these circumstances the Urology consult is not supported by Guidelines and is not medically necessary.

Sleep Study Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES(<http://Www.Odg-Twc.Com/Odgtwc/Pain.Htm>.)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 23-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: MTUS Guidelines do not directly address the requested sleep study, but MTUS Guidelines state that there should be a reasonable evaluation prior to referral for testing. There is no documentation of the extent of the reported insomnia; there is no documentation of its relatedness to stress or pain. ODG provides additional details regarding the appropriate use of sleep studies. Prior to sleep studies a psychological cause should be ruled out. It is clearly documented that this patient is experiencing psychological issues and that has not been addressed yet. Under these circumstances the requested consult for sleep studies is not medically necessary.