

Case Number:	CM13-0016110		
Date Assigned:	10/11/2013	Date of Injury:	01/11/2013
Decision Date:	01/14/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 y.o. male with an injury from 1/11/13, suffers chronic low back pain/radiation down the legs. The request for f/u with orthopedist and psychological evaluation was denied per utilization review letter dated 8/9/13. Rationale; the patient was not a surgical candidate and no objective clinical assessments to support symptoms of anxiety and depression. [REDACTED] initial evaluation from 6/18/13 shows that the patient has neck, left shoulder, low back, left foot and left hand pains. The patient underwent left carpal tunnel release on 4/25/13 without much improvement. Listed dx: cervical spine sprain, left shoulder sprain, s/p left CTR; right wrist sprain, tendinitis r/o CTS; lumbar spine sprain r/o herniated disc; symptoms of anxiety, depression and insomnia. Treatments recommended were therapy 3x6, medications and a f/u. Per 7/23/13 report, the patient's symptoms are progressively worsening. Patient has not received medications. Therapy has been helpful. Depression and anxiety continues due to pain and unable sleep. Recommendations were MRI's, EMG/NCV studies of arms, IF unit, psychological referral, sleep studies and f/u.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 follow up visit with an orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253.

Decision rationale: This patient suffers from chronic pain with multiple orthopedic problems. F/u visitation with an Orthopedist is consistent with proper medical care and supported by the ACOEM guidelines. The patient already had carpal tunnel release but continues to be symptomatic. Orthopedic follow up visitations and on-going evaluation/treatments are recommended.

1 psychological evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: Psychological evaluations are supported by MTUS guidelines. This patient suffers from chronic pains involving multiple body parts. There has been lack of progress with treatments. The patient is experiencing depression and anxiety as documented by the treater. Recommendation is for denial of the request. The utilization reviewer denied the request stating lack of objective assessment but did not specify what objective assessment is needed. MTUS simply recommends psychological evaluation for chronic pain population.