

Case Number:	CM13-0024788		
Date Assigned:	11/20/2013	Date of Injury:	08/17/2012
Decision Date:	01/15/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and is licensed to practice in Maryland. 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:

Ms. [REDACTED] was a 57 year old female who reported an industrial injury due to repetitive trauma from doing her customary duty as a CSW from August 17, 2012 to August 17, 2013. Her complaints were neck and low back pain, shoulder pain, anxiety and depression. She was initially being seen by her doctors her [REDACTED] in 2012 and was diagnosed with cervical pain and fibromyalgia. She was seen by a Rheumatologist at the time and was started on Nortryptilline and was also given 12 sessions of Physical therapy. She was seen by the primary occupational health care provider [REDACTED] who recommended Psychiatric consultation and Rheumatology consultation. The request for authorization was dated July 23, 2013 for Psychiatry and Rheumatology consult and treat. She was seen on 23rd of July, 2013 by [REDACTED]. She was noted to have neck and back pain. She was working full time with restrictions on the number of cases and amount of driving. On examination she was noted to have tenderness in lumbar, thoracic and cervical paraspinal muscles without spinous process tenderness. She was also noted to have limited flexion of neck, limited extension of neck, limited spine flexion and positive straight leg raising test at 50 degrees. She was noted to have normal motor strength and normal deep tendon reflexes. She was recommended to continue Physical therapy and get Rheumatology and Psychiatry consultations. Her medications included Celexa, Triamterene, HCTZ, Nortriptylline, Hydrocodone PRN and Pravastatin. She also was being followed by Psychiatry, her last documented visit being on May 30, 2013. During that visit, she was noted to be improving on Celexa with decreased dysphoria and irritability. She was advised to continue Celexa and return for re evaluation. Her diagnoses included cervical myofascial sprain/strain, lumbar spine myofascial sprain/strain, fibromyalgia by history, stress, anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rheumatology consult and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2nd Edition (2004), Chapter 6 and 7, pages 112 and 127.

Decision rationale: According to ACOEM guidelines on chronic pain, physicians should consider referral for further evaluation and perhaps cooperative treatment if: 1) specific clinical findings suggest undetected clinical pathology. 2) appropriate active physical therapy does not appear to be improving function as expected. 3) the patient experiences increased pain, or at the very least, pain does not decrease over time. Also according to chapter 7 of ACOEM guidelines an occupational health provider 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 addition, the guidelines also indicate that consultations are appropriate to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the employee's fitness for return to work. In this particular scenario, there is not enough documentation to suspect ongoing symptoms that suggest uncontrolled pain due to fibromyalgia. There is no documentation that she had wide spread pain, multiple tender points, other somatic complaints like sleep disturbances, dizziness, abdominal pain or chest pain. Hence the request for Rheumatology consultation is not medically necessary.

Psychiatric consult and treat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: According to ACOEM guidelines on stress related conditions, a referral to mental health professional is indicated if symptoms are disabling despite primary interventions or if symptoms have persisted beyond three months. In this particular case, she has already been evaluated by Psychiatry several times from March 2013 to May 2013. She was diagnosed with anxiety and stress. She was started on Celexa and was advised to return for reevaluation. Since an initial evaluation was already done, the request for initial consultation is not medically necessary.