

Case Number:	CM13-0053054		
Date Assigned:	12/30/2013	Date of Injury:	06/10/2013
Decision Date:	03/10/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/18/2013

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 and Rehabilitation 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. 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 57 year-old females sustained a cumulative trauma injury on 6/10/13 while employed by the [REDACTED]. Request under consideration include consult with psychiatrist, consult with neurologist, consult with internist, and consult with sleep specialist. Report of 10/30/13 from [REDACTED] noted patient with radiating neck pain and has completed PT and acupuncture with slight improvement. Exam showed tenderness over the cervical paraspinals; limited ROM; tenderness in subacromial regions bilaterally with limited shoulder range; decreased sensation over median and ulnar distribution bilaterally; localized tenderness over distal forearms; positive Finkelstein's bilaterally; lumbar paraspinal tenderness; MMT in UEs and Les without weakness except for grip strength. Plan included chiropractic treatment; Ortho-Stim IF; EMG/NCV of UEs; Ultrasound of shoulders; Psychiatric/ Neurology/ Internal Medicine consultations and Sleep specialist. The consultations were non-certified on 11/13/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

consultation with a psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, 127, 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405.

Decision rationale: This 57 year-old female sustained a cumulative trauma injury on 6/10/13 while employed by the [REDACTED]. Request under consideration include consult with psychiatrist, consult with neurologist, consult with internist, and consult with sleep specialist. Report of 10/30/13 noted patient with radiating neck pain and has completed PT and acupuncture with slight improvement. Exam showed tenderness over the cervical paraspinals; limited ROM; tenderness in subacromial regions bilaterally with limited shoulder range; decreased sensation over median and ulnar distribution bilaterally; localized tenderness over distal forearms; positive Finkelstein's bilaterally; lumbar paraspinal tenderness; MMT in UEs and Les without weakness except for grip strength. Plan included chiropractic treatment; Ortho-Stim IF; EMG/NCV of UEs; Ultrasound of shoulders; Psychiatric/ Neurology/ Internal Medicine consultations and Sleep specialist. Submitted reports have no clearly defined psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this cumulative trauma injury of June 2013. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The consult with psychiatrist is not medically necessary and appropriate.

consultation with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, 127, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: This 57 year-old female sustained a cumulative trauma injury on 6/10/13 while employed by the [REDACTED]. Request under consideration include consult with psychiatrist, consult with neurologist, consult with internist, and consult with sleep specialist. Report of 10/30/13 noted patient with radiating neck pain and has completed PT and acupuncture with slight improvement. Exam showed tenderness over the cervical paraspinals; limited ROM; tenderness in subacromial regions bilaterally with limited shoulder range; decreased sensation over median and ulnar distribution bilaterally; localized tenderness over distal forearms; positive Finkelstein's bilaterally; lumbar paraspinal tenderness; MMT in UEs and Les without weakness except for grip strength. Plan included chiropractic treatment; Ortho-Stim IF; EMG/NCV of UEs; Ultrasound of shoulders; Psychiatric/ Neurology/ Internal Medicine consultations and Sleep specialist. Submitted reports have not demonstrated any clear or specific indication or diagnoses indicative of a neurology consultation for uncomplicated complaints of headaches. There are no identifying diagnoses or clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed treatment trials rendered for any unusual or complex pathology that may require second opinion. The consult with neurologist is not medically necessary and appropriate.

consultation with an internist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, 127, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 and 155

Decision rationale: This 57 year-old female sustained a cumulative trauma injury on 6/10/13 while employed by the [REDACTED]. Request under consideration include consult with psychiatrist, consult with neurologist, consult with internist, and consult with sleep specialist. Report of 10/30/13 noted patient with radiating neck pain and has completed PT and acupuncture with slight improvement. Exam showed tenderness over the cervical paraspinals; limited ROM; tenderness in subacromial regions bilaterally with limited shoulder range; decreased sensation over median and ulnar distribution bilaterally; localized tenderness over distal forearms; positive Finkelstein's bilaterally; lumbar paraspinal tenderness; MMT in UEs and Les without weakness except for grip strength. Plan included chiropractic treatment; Ortho-Stim IF; EMG/NCV of UEs; Ultrasound of shoulders; Psychiatric/ Neurology/ Internal Medicine consultations and Sleep specialist. Submitted reports have not demonstrated any specific complicated GI diagnoses indicative of an internal medicine consultation to treat for heartburn complaints. There are no identifying GI clinical findings to support for specialty care beyond the primary provider's specialty nor is there any failed conservative medication treatment trials rendered for any unusual or complex pathology that may require second opinion. The consult with internist is not medically necessary and appropriate.

consultation with a sleep specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 112, 127, 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 and 155.

Decision rationale: This 57 year-old female sustained a cumulative trauma injury on 6/10/13 while employed by the [REDACTED]. Request under consideration include consult with psychiatrist, consult with neurologist, consult with internist, and consult with sleep specialist. Report of 10/30/13 noted patient with radiating neck pain and has completed PT and acupuncture with slight improvement. Exam showed tenderness over the cervical paraspinals; limited ROM; tenderness in subacromial regions bilaterally with limited shoulder range; decreased sensation over median and ulnar distribution bilaterally; localized tenderness over distal forearms; positive Finkelstein's bilaterally; lumbar paraspinal tenderness; MMT in UEs and Les without weakness except for grip strength. Plan included chiropractic treatment; Ortho-Stim IF; EMG/NCV of UEs; Ultrasound of shoulders; Psychiatric/ Neurology/ Internal Medicine consultations and Sleep specialist. Submitted reports have not demonstrated any specific sleep disturbance issues or diagnoses to support for sleep specialist. There are no identifying clinical findings of sleep complaints to support for specialty care beyond the primary provider's specialty nor are there any failed conservative pharmacological approaches or sleep

hygiene treatment trials rendered for any unusual or complex pathology that may require second opinion. The consult with a sleep specialist is not medically necessary and appropriate.