

Case Number:	CM13-0053209		
Date Assigned:	12/30/2013	Date of Injury:	05/13/2013
Decision Date:	03/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 Psychiatry and Neurology, 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:

54 year old female injured worker with date of injury 5/13/2013. The date of Utilization Review (UR) decision was 10/13/2013. The injured worker had onset of neck pain and right shoulder pain in 2009 which progressively got worse over the years. She was told by her PCP on 05/13/2013 that her symptoms were work related due to repetitive computer work. Subjective complaints by the injured worker according to Doctor's first report of Occupational injury or illness dated 9/12/2013 included neck pain radiating to right upper extremity, bilateral shoulder pain(R>L), Bilateral elbow pain(R>L) with numbness and tingling of fourth and fifth fingers of R hand, bilateral forearm/wrist/hand pain with associated numbness and tingling (R>L), history of upset stomach and gastritis secondary to medication usage for orthopedic complaints, history of stress, depression, anxiety and insomnia secondary to chronic pain, physical limitation and work place stressors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines (OMPG), 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Also it states: "Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy." Chronic Pain Medical Treatment Guidelines states that "Psychological treatment is recommended for appropriately identified patients during treatment of chronic pain" Upon review of the submitted documentation, no rationale for the purpose of Psychiatric consultation has been described. It was not specified what psychiatric services were requested or why they were necessary for the injured worker. Therefore, the injured worker does not meet criteria for referral to Psychiatry. Additional information is required to affirm medical necessity.