

Case Number:	CM13-0062625		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2013
Decision Date:	04/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] [REDACTED] employee who has filed a claim for neck pain, wrist pain, elbow pain, shoulder pain, hand pain, jaw pain, and depression reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychotropic medications; and unspecified amounts of acupuncture. In a Utilization Review Report of November 11, 2013, the claims administrator denied a request for a cervical facet injection and an evaluation for depression. Non-MTUS ODG Guidelines were cited to deny the facet blocks and non-MTUS Chapter 7 ACOEM Guidelines were cited to deny the depression evaluation, although the MTUS does address both topics. The applicant's attorney subsequently appealed. The mental health evaluation denial was seemingly predicated on the fact that the applicant's response to antidepressants had not been determined. An October 23, 2013 progress note is notable for comments that the applicant has persistent pain complaints which she attributes to cumulative trauma at work. She is having issues with depression and anxiety, which are, in part, a function of her medical disability. The applicant is off of work, it is acknowledged, despite usage of Oxycodone and Pamelor. The applicant is asked to consult a pain management specialist and a psychiatrist, either through her personal health insurance or through Worker's Compensation. It is incidentally noted that the applicant's neck is described as supple on this office visit. Similarly, on an October 16, 2013 office visit, the applicant's neck is again described as supple. She is complaining of primary issues with acute stress reaction, anxiety, depression, and an ancillary mental health issue or wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL FACET INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013 edition, online version

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The MTUS/ACOEM Guidelines indicate that both therapeutic and diagnostic facet corticosteroid injections are "not recommended." In this case, it is further noted that bulk of the applicant's pathology seemingly pertains to the psyche and the wrist. There is little or no mention made of complaints pertaining to the cervical spine. Cervical facet joint injections are not indicated, both owing to the lack of diagnostic clarity and owing to the unfavorable ACOEM recommendation. Accordingly, the request is not certified.

EVALUATION FOR DEPRESSION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004)

Decision rationale: The MTUS/ACOEM Guidelines indicate that if symptoms become "disabling" despite primary care interventions or persist beyond three (3) months, a referral to a mental health professional is indicated. In this case, the applicant's mental health symptoms have in fact become disabling. She is off of work, on total temporary disability, despite primary care interventions with an antidepressant medication, Pamelor. Obtaining the added expertise of a physician specializing in psychiatric/mental health issues is therefore, indicated, appropriate, and supported by the guidelines. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.