MAXIMUS Federal Services

Case Number:	CM13-0067015		
Date Assigned:	01/03/2014	Date of Injury:	04/01/2012
Decision Date:	05/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 a licensed Psychologist and is licensed to practice in Texas. 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 patient is a 44-year-old female who reported an injury on 04/01/2012. The mechanism of injury occurred when she was rising from her chair and pushed it backwards. She was initially treated for left upper extremity symptoms only; however, due to overcompensation, she developed right upper extremity pain as well. An EMG/NCV study obtained on 12/05/2011, revealed borderline left carpal tunnel syndrome and right ulnar motor neuropathy; a repeat study obtained on 05/02/2013 revealed similar findings. An MRI of the right shoulder obtained on an unknown date, revealed impingement with down-sloping of the acromion, a tear of the anterior aspect of the supraspinatus tendon and superior glenoid labrum, and fluid surrounding the biceps tendon and bicipital tendon groove. The injured worker also received an MRI of the cervical spine on an unknown date that revealed disc desiccation at C2-3 through C6-7, evidence of myospasm, a broad-based posterior disc herniation measuring 2 mm at C4-5, C5-6, and C6-7. Although the clinical information noted that the injured worker was a surgical candidate for cubital and carpal tunnel release, it is unclear if she ever received these procedures. The injured worker did receive an unknown duration of physical therapy. The injured worker continues to experience multiple pain symptoms, as well as depressive complaints and presentation. No other pertinent information was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL/PAIN MGT EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, PAGE 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATION; CHRONIC PAIN PROGRAM Page(s): 100,31.

Decision rationale: The California MTUS/ACOEM Guidelines recommend psychological evaluations for patients experiencing chronic pain, to help differentiate between pre-existing conditions and/or those aggravated by the work-related injury. The clinical information submitted for review provided evidence the injured worker was experiencing depression and physiological symptoms related to psychological distress, as well as chronic pain related to the work injury. Additionally, California MTUS/ACOEM Guidelines recommend chronic pain management, to include management by a pain specialist or pain center, to treat patients experiencing chronic pain. As it has been 2 years since the date of initial injury with no resolution of symptoms, it is appropriate that the injured worker be treated by a chronic pain specialist. However, the request is not clear as to whether the desired treatment is for a psychological or pain management evaluation, or psychological evaluation for pain management. Furthermore, there is no indication the patient received surgical intervention as planned, thereby creating the possibility of symptom relief. Until the request can be clarified, the decision for psychological/pain management evaluation is non-certified.