

Case Number:	CM13-0067320		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2010
Decision Date:	05/20/2014	UR Denial Date:	12/17/2013
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 Board Certified in Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 37-year-old female who reported an injury on 12/20/2010. The mechanism of injury information was not provided in the medical record. A review of the medical record reveals the injured worker's diagnoses include pain in joint, upper arm and forearm, left wrist arthralgia, left extensor carpi ulnaris (ECU) tendonitis, with degenerative joint disease of the left radiohumeral joint, and unspecified nerve injury. Accepted body parts from the injured worker's work related injury dated 12/20/2010 include the left elbow, left hands and fingers, and left wrist. The injured worker has undergone a previous left lateral epicondylar release. Most recent clinical documentation dated 10/15/2013 reports the injured worker complains of pain in the left forearm in the ulnar region. She states that the Ultram had provided less analgesia, and she had problems sleeping with increased pain discontinuing her Norco. The injured worker continued to take Neurontin 300 mg 3 times a day. The injured worker was being seen by [REDACTED] for orthopedic complaints including left elbow and left wrist pain. She denied any radiation of pain towards the cervical spine. The injured worker states her pain was exacerbated by movement, and the pain in her left upper extremity becomes more severe with movement and is alleviated by rest. The injured worker rates her pain 7/10 to 9/10 on the visual analog scale (VAS), and states it has been more severe since discontinuing her Norco and the Ultram had not been effective in helping with pain relief. Therefore, she discontinued the use of Ultram. She states she does have numbness and tingling as well as pins and needles sensation in the left medial forearm. The injured worker has had prior acupuncture treatment without benefit, and chiropractic treatment which did help with range of motion in the left wrist and elbow; however, it did not decrease the injured worker's pain. Objective findings upon examination revealed decreased sensation to light touch and pinprick along the dorsal aspect of the forearm; otherwise intact sensation throughout the upper extremities. The triceps, brachioradialis, and

biceps reflexes were symmetric and equal. Muscle strength measures at 4+/5 in flexion and extension of the left wrist; otherwise strength was intact. There were no signs of chronic regional pain syndrome. There was negative allodynia and hyperalgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PAIN PSYCHOLOGIST: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Independent Medical Examinations and Consultations, (ACOEM Practice Guidelines, 2nd Edition, 2009, Chapter 7), pg. 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92, Chronic Pain Treatment Guidelines Section Psychological evaluations Page(s): 100-101.

Decision rationale: Referral to a pain psychologist is medically necessary at this time. The California MTUS/ACOEM states that referrals are appropriate if a practitioner is not comfortable with the line of inquiry outlined above in treating particular causes of delayed recovery, or with difficulty obtaining information or agreement in the treatment plan. The goal of such evaluation is in fact functional recovery and return to work. The physician should consider referral for further evaluation or perhaps cooperative treatment if medication does not decrease as expected or increases the injured worker's pain, appropriate active physical therapy does not appear to be improving function as expected, and the injured worker complains of pain or dysfunctions start to involve other body parts. It is documented in the medical record that the injured worker has had multiple failed attempts at different conservative treatments to include physical therapy, chiropractic treatment, acupuncture treatment, and medication management. The injured worker continues to have significant complaints of pain, and functional deficits with the use of her current medication regimen and all of her treatments have failed. As such, there is a medical necessity for the requested service, and criteria for referral to a pain psychologist have been met. Therefore, the request for the referral to a pain psychologist is certified.