

Case Number:	CM14-0103522		
Date Assigned:	07/30/2014	Date of Injury:	09/13/2011
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/03/2014

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 Internal 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 injured worker is a 53 year old female whose date of injury is 09/13/2011. The injured worker was assaulted by a student on this date. The injured worker underwent left shoulder arthroscopy in March 2012 and open shoulder repair on 12/12/13. Progress report dated 07/11/14 indicates that pain is rated as 3/10 with medication. Current medications are Norco, Ativan and Synthroid. Diagnosis is shoulder pain. She has finished physical therapy and is trying to maintain a home exercise program. The injured worker reportedly has depression and anxiety related to her pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION WITH PAIN MANAGEMENT PSYCHOLOGIST (CHRONIC PAIN):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for consultation with pain management psychologist (chronic pain) is not recommended as medically necessary. There

is insufficient clinical information provided to support this request. There is no comprehensive assessment of psychological treatment completed to date or the patient's response submitted for review. It appears that the injured worker has previously been seen by a psychologist; however, there are no prior assessments or treatment records submitted for review. The submitted records fail to establish that the injured worker's psychological issues have impeded her progress in treatment to date. Medical necessity is not established in accordance with American College of Occupational and Environmental Medicine (ACOEM) guidelines. Therefore, this request is not medically necessary.