

Case Number:	CM14-0108114		
Date Assigned:	08/01/2014	Date of Injury:	07/09/2012
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 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 injured worker is a 46-year-old male who reported injury on 07/09/2012 when some boxes fell on top of him. The injured worker has diagnoses of bilateral shoulder strength, myofascial pain syndrome, cervical sprain/strain and lumbar sprain/strain. Past medical treatment consists of chiropractic therapy, physical therapy, acupuncture, and medication therapy. Medications consist of Naprosyn, Norco, Tramadol and ketoprofen cream. An MRI of the neck and shoulder was performed on the injured worker. On 07/30/2014, the injured worker complained of neck and shoulder pain. Physical examination revealed that the injured worker had a pain of 7/10 on the neck and a 6/10 on the shoulder. Cervical examination revealed spasm, tenderness to palpation, trigger points and a deep tendon reflex of 2/2. Muscle strength revealed a 5/5. Cervical range of motion was decreased due to pain. Examination of the shoulder revealed that the injured worker had tenderness to palpation bilaterally. Patellar reflexes were 2/2. Motor strength was 5/5. The treatment plan is for the injured worker to have a referral to a psychologist familiar with chronic pain. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychologist familiar with chronic pain patients: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
INTRODUCTION Page(s): 1.

Decision rationale: The California MTUS Chronic Pain Guidelines state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist's evaluation is necessary. The progress note dated 07/30/2014 revealed that the injured worker had pain in the neck and shoulders. The clinical documentation did not provide any evidence of the current treatment requested for the shoulder had failed to result in improvement in the injured worker's pain complaints or that he required complex pain management for control of his shoulders. Based on the submitted documentation reviewed and medical guidelines, a pain management consultation would not be indicated. As such, a referral to psychologist familiar with chronic pain patients is not medically necessary.