

Case Number:	CM14-0016381		
Date Assigned:	04/11/2014	Date of Injury:	01/16/2012
Decision Date:	05/29/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 patient is a 36-year-old with date of injury of January 16, 2012. The listed diagnoses per [REDACTED] dated December 10, 2013 are displacement of the cervical disk without myelopathy, brachia plexus lesions, sprain/strain, unspecified site of the shoulders and upper extremities, sprain and strain, unspecified site of the wrist, and depression/stress/anxiety. According to the report, the patient presents with constant severe pain in the right arm, neck, and shoulder. She also reports weakness in the upper extremities. She has been very depressed because of the unrelenting pain in her neck and right upper extremities. The objective findings show severe pain to palpation on the right cervical spine. There is positive Romberg's and C5 and C6 DTR 3+ bilateral. No other findings were noted in the physical examination. The Utilization Review denied the request on January 10, 2014. The treater is requesting a psychiatrist consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

Decision rationale: This patient presents with neck, arm, and shoulder pain. The treater is requesting psychiatrist consultation. The Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines states that a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex with psychosocial factors are present or when the pain or course of care may benefit from additional expertise. In this case, the treater is concerned about the patient's chronic pain and the request for a specialty consultation is reasonable. The request for a psychiatrist consultation is medically necessary and appropriate.