

Case Number:	CM14-0132437		
Date Assigned:	08/22/2014	Date of Injury:	03/08/2013
Decision Date:	10/10/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/19/2014

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 Psychiatry 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 37 year old female with date of injury 03/08/2013. The date of the UR decision was 07/29/2014. Report dated 7/7/2014 stated that the injured worker presented for a follow up appointment regarding her multiple concerns. It was indicated that she was finishing up physical therapy for the neck and upper extremity and had noticed some slight improvement in her symptoms after the physical therapy sessions; however continued to be in pain. It was documented that she was very frustrated and was looking for some other treatment options. Physical examination suggested that she continued to have trapezial spasm and stiffness of the neck. She had positive impingement of the right shoulder and positive Phalen's and Tinel's of the right wrist. Diagnostic impressions per that report were Right shoulder chronic subacromial bursitis with inflammation, not responsive to physical therapy and subacromial injection; Right wrist dorsal ganglion cyst by clinical examination, small; Right facet degenerative changes with neuroforaminal narrowing at C3-C4 and Bilateral carpal tunnel syndrome based on EMGs as well as the amended claim for chronic repetitive continuous trauma injury from 03/08/2012 until 03/07/2013. The plan indicated a request for acupuncture for relief of her myofascial pain, spasm and musculoskeletal issues. A report dated 6/19/2014 suggested that she presented with issues with stress, anxiety and excessive worry, feeling that her hair is falling out and she had constant facial twitching when she got stressed and the treating physician recommended that she see a Psychologist/Psychiatrist regarding these issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Report dated 6/19/2014 suggested that the injured worker presented with issues with stress, anxiety and excessive worry, feeling that his hair is falling out and she had constant facial twitching when she got stressed and the treating physician recommended psychologist/psychiatrist consult regarding these issues. Request for a Psychiatric Consultation is medically necessary based on the disruption in daily activities that the stress, worry and anxiety related to the chronic pain caused by the industrial injury has been causing her.