

Case Number:	CM14-0151799		
Date Assigned:	09/19/2014	Date of Injury:	05/09/2000
Decision Date:	10/21/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Pain Management, has a subspecialty in Interventional Spine 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 43 year old female with an injury date of 05/09/00. The 07/29/14 report by [REDACTED] states that the patient presents with right shoulder pain rated 6/10 radiating to the neck. She is post shoulder surgeries in 2003 and 2004 which did not help the patient's pain. The patient also presents with right leg and lower back pain along with right hip pain. Hip pain is rated 8/10. Examination of the right shoulder reveals tenderness to palpation greatest over the AC joint and anterior shoulder. Examination of the right hip shows tenderness over the right SI joint and the greater trochanteric bursa. There is pain with range of motion. The patient's diagnoses include: 1. Right shoulder bursitis 2. Right shoulder impingement 3. Right Hip greater trochanter bursitis. Medications are listed as Hydrocodone, Elavil and Lidopro cream. The utilization review being challenged is dated 09/03/14. Treatment reports were provided from 05/04/14 to 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain psychology consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation "Psychological Tests Commonly Used in the Assessment of Chronic Pain Patients" from the Colorado Division of Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2004) ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 12

Decision rationale: The patient presented with right shoulder pain since 2000 that was not relieved by right shoulder surgery in 2003 and 2004. She has pain in the right shoulder rated 6/10 radiating to the neck. Pain has also developed in the right lower leg and back and right hip rated 8/10. The treating physician requests for 1 pain psychology consultation. On 07/24/14 the treating physician discusses a 06/19/14 CWI for the right hip and past physical therapy that provided no benefit. It is noted the patient experiences worsening depression due to her chronic pain and injury. The 05/14/14 report notes that the patient is being referred for interventional pain management and medication management. No prior psychiatric treatment reports were provided or referenced. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In this case, there is ample documentation of treatment of the patient's years long condition of chronic pain. There is no reason, why this patient should not benefit from a psychological consultation to help her better function with this chronic condition. The request is medically necessary and appropriate.