

Case Number:	CM14-0173876		
Date Assigned:	10/27/2014	Date of Injury:	08/31/2010
Decision Date:	12/03/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/21/2014

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 Orthopedic Surgery, 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:

This is a 41 year old female claimant with a date of injury of 3/1/2010. Exam note 2/8/2014 by demonstrates complaints of neck, upper, mid back pain which was constant, the pain radiated to the bilateral upper extremity with numbness and tingling to the hands. She had poor coping due to changes since injury. Objective findings included tenderness to palpation of the thoracic spine, cervical, thoracic, deltoid muscles and inferior scapular muscles. She had cervical pain with hyperextension, flexion and rotation; she also had bilateral shoulder pain with flexion, extension, abduction, and adduction, external and internal rotation. Other findings included decreased sensation in the left upper extremity, Inner forearm and decreased grip strength in he left hand4/s. She was diagnosed with cervical sprain strain of the neck, pain in the upper arm, thoracic sprain strain, myofascial pain and bilateral cervical radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychologist evaluation and cognitive behavioral therapy: Upheld

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

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

Decision rationale: CA MTUS/ACOEM guideline Chapter 15, Stress Related Conditions, page 398, states, "It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue formore than six to eight weeks." In this case the exam note from 2/8/14 does not demonstrate evidence of severe depression or schizophrenia to warrant specialist referral. Therefore the request is not medically necessary.

6 Chiropractic visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Manual therapy and manipulation, page 58, chiropractic are is recommended as an option with a trial of 6 visits over 2 weeks with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks. In this case there are no objective findings to meet medical necessity for chiropractic care from the exam note of 2/8/14. Therefore the request is not medically necessary.

1 Orthopedic surgery for the left shoulder: Upheld

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

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: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral from the exam note of 2/8/14. Therefore the request is not medically necessary.