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| Case Number: | CM14-0047792 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 06/04/2009 |
| Decision Date: | 07/29/2014 | UR Denial Date: | 03/18/2014 |
| Priority: | Standard | Application Received: | 03/28/2014 |

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 Family Practice 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 44 yr. old female claimant sustained a work injury on 6/4/09 involving bilateral upper extremities. An EMG (electromyography) on 7/22/10 indicated she had bilateral ulnar nerve pathology. She had a diagnosis of Chronic Regional Pain Syndrome (CRPS). She had been seen by a pain specialist and psychologist in the past. She had undergone functional rehabilitation. She had used oral analgesics including Baclofen, Gabapentin and Nucynta for pain relief. She had undergone neurofeedback for fear and pain. A 2nd NCS study in 2013 showed worsening ulnar nerve pathology and surgery was recommended. A progress note on 4/10/14 indicated the claimant had difficulty dealing with pain and caused her stress and depression. She was recommended to see a pain psychologist [REDACTED] prior to surgery to help with mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialist referral pain psychology consult with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-Chapter 7.

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) page(s) Specialist referral and pg 127.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant was already under the care of a psychologist and pain specialist. Her depression diagnosis was not complex and her anxiety was consistent with her injury. The referral to another psychologist is not medically necessary.