

Case Number:	CM14-0048043		
Date Assigned:	07/02/2014	Date of Injury:	12/05/2013
Decision Date:	08/14/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 licensed in Psychologist, and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 12/05/2013. The mechanism of injury was not stated. Current diagnoses include lumbar disc protrusion, lumbar facet hypertrophy, lumbar myospasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left elbow neuralgia, left elbow pain, left elbow sprain/strain, left carpal tunnel syndrome, left wrist pain, left wrist sprain/strain, sleep disturbance, anxiety, depression, irritability, nervousness, and hypertension. The injured worker was evaluated on 02/25/2014 with complaints of persistent pain in the lumbar spine and left upper extremity, as well as insomnia, depression, anxiety, and irritability. Physical examination on that date revealed trigger points in the lumbar spine, limited lumbar range of motion, 3+ tenderness to palpation of the lumbar paravertebral muscles, palpable muscle spasm, positive Kemp's testing bilaterally, positive straight leg raising, painful range of motion of the left wrist and elbow, and 3+ tenderness to palpation of the lateral wrist, medial wrist, and volar wrist. Treatment recommendations at that time included a cardio respiratory report, chiropractic treatment, acupuncture, physical therapy, localized intense neurostimulation therapy, and a psychological, pain management, and orthopedic consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult body part psyche: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker does report symptoms of depression, anxiety, and irritability. However, the previous history of psychiatric illness and treatment was not provided in the clinical documentation. Additional information has been previously requested regarding the previous treatment history and evaluation. The requested information has not been received. As the medical necessity has not been established at this time, the current request is not medically necessary.