

Case Number:	CM14-0048574		
Date Assigned:	06/25/2014	Date of Injury:	11/01/1998
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
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 Psychiatry, Neurology and Addiction Medicine 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 65 year old female whose date of injury is 11/1/98. She suffered from repetitive strain injury to the cervical spine and bilateral upper extremities. She was awaiting clearance for right thumb surgery. AME was performed on 5/14/14 by [REDACTED] (surgery of the hand and upper extremity). Diagnosis at that time was left postoperative basilar arthrosis/symptomatic on the right, rotator cuff tendinosis left>right, and history of lateral epicondylitis quiescent. There was no peripheral neuropathy or neck impairment. [REDACTED] documented that operative correction of the right symptomatic basilar arthrosis is indicated and necessary. Past treatment had included thumb braces, cortisone injections, and nonsteroidal anti-inflammatories. He felt in this AME that she would be an excellent candidate for this procedure. It had been previously approved in 02/12 however there was no provision for transportation and home care so the patient did not proceed. At the time of this exam, she was able to perform activities of daily living independently but with discomfort. She was experiencing sleep disturbance, and severe pain most of the time. She attested to less frequent sexual activity due to her injury, as well as impaired concentration and thinking, depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Mental illness & amp; Stress Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluations.

Decision rationale: CA-MTUS does not specifically address presurgical psychological screening, therefore ODG was utilized in the formulation of this decision. Per ODG, psychological evaluations are recommended pre-intrathecal drug delivery systems (IDDS) and spinal cord stimulator (SCS) trial. These recommendations can be extrapolated to other types of surgeries as well. The following is a list of patients who are especially recommended for psychological evaluation: (a) Those who present with constant pain and report high overall levels of distress; (b) Patients' who have a history of failure of conservative therapy; (c) Patients who have a history of failed surgery; (d) Patients who have significant psychological risk factors such as substance abuse, serious mood disorders, or serious personality disorders. The screening should be performed by a neutral independent psychologist or psychiatrist unaffiliated with treating physician/ spine surgeon to avoid bias. The request is medically necessary.