

Case Number:	CM14-0052808		
Date Assigned:	07/07/2014	Date of Injury:	05/10/2013
Decision Date:	08/27/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Internal Medicine Geriatric Medicine, has a subspecialty in Family Practice and is licensed to practice in New York. 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 38 year old woman with a date of injury of 5/10/13. She was seen by her secondary treating physician on 3/20/14 for an initial pain management evaluation. She complained of right shoulder/arm pain as well as neck pain, upper and lower back pain, left shoulder/arm pain and right and left elbow/forearm/wrist and hand pain. She felt she had anxiety/depression and sleep residuals as a result of her injury. She was taking norco for pain. Her physical exam was of the upper back only and showed bilateral upper extremity pain. Her diagnoses included right and left shoulder, elbow and wrist / hand strain. At issue in this review are consultations for psychiatry, pain medicine and a sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-413.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. This injured worker has self-reported anxiety and depression but the provider note of 3/14 did not explore or document this in any detail to substantiate a degree of severity to warrant a psychiatry consultation referral.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): page(s) 7.

Decision rationale: This 36year old worker was injured in 2013 with subsequent complaints of chronic neck, back, shoulder and wrist/hand/elbow pain. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. Her physical exam and other diagnostic findings do not support this complexity to warrant a pain management consultation. Additionally, she was just seen by a pain specialist on 3/20/14.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th Edition (web 2014) treatment section for pain under the heading of polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: uptodate: Clinical presentation and diagnosis of obstructive sleep apnea in adults.

Decision rationale: This injured worker has no history of sleep difficulties but has self-reported sleep disturbance residuals. Testing is recommended for those individuals who snore and have excessive daytime sleepiness. The current MD note requests a sleep study but does not document sleep hygiene, sleep disturbance symptoms or symptoms of sleep apnea. It is also not clear the contributions that pain or her current medications contribute to potential sleep disturbances. Additionally, there is no documentation that her bed partners have observed snoring or periods of apnea, which are part of the screening criteria. The records do not support the medical necessity for a sleep study.