

Case Number:	CM14-0067397		
Date Assigned:	07/14/2014	Date of Injury:	05/25/2012
Decision Date:	09/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain 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 48 year old male who was injured on 05/25/12. The mechanism of injury is described as a slip and fall. The injured worker complains of pain in the neck, right shoulder, upper back and lower back. Records indicate the injured worker is diagnosed with right shoulder subacromial impingement syndrome and displacement of cervical intervertebral disc without myelopathy. It is noted the injured worker has disc herniations at C7 to T1 and L5 to S1. Treatment has included physical therapy, manipulation, acupuncture, injections and four sessions of extracorporeal shockwave treatment. Records indicate the injured worker has also participated in psychotherapy. There was no physical therapy, acupuncture, manipulation or psychotherapy notes submitted for review. Consulting physician's reevaluation report dated 10/16/13 includes a request for authorization of a right shoulder arthroscopy, intraarticular surgery and decompression. The clinical note dated 12/11/13 reported the injured worker still has anxiety and likes to have some time to decide about the right shoulder surgery. The clinical note dated 01/15/14 states the injured worker does not wish to continue with psychotherapy and notes the injured worker has postponed the appointment for the right shoulder surgery. Most recent clinical note is dated 04/02/14 and notes the injured worker has chosen to defer right shoulder surgery. The records submitted for review do not include a clinical note which indicates treatment for the injured worker is to include a psychological aspect. A request for a follow up psych consultations submitted for review and is denied by utilization review dated 04/29/14 citing a lack of documentation identifying any specific objective psyche issues which would require a consultation. This is an appeal request for a follow up psych consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Psyche Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state, diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The records submitted for review did not include a rationale for the request. Records do not include an initial psyche consultation. The records indicate the injured worker was participating in psychotherapy but elected to discontinue this treatment in January of 2014. There is no psychotherapy notes submitted for review and the injured worker's response to this treatment is not described. Based on the clinical information provided, medical necessity of a follow-up psych consultation is not established.