

Case Number:	CM14-0068796		
Date Assigned:	07/14/2014	Date of Injury:	04/13/2011
Decision Date:	09/11/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/13/2014

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 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:

Doctor's first report of occupational injury dated 03-31-2014 by orthopedic surgeon [REDACTED] documented subjective complaints of left shoulder pain, stress, depression, anxiety, insomnia, abdominal pain, weight loss. On 04-13-2011, she sustained a left shoulder injury and left upper extremity, when she slipped and fell on a recently buffed and waxed floor and landed on her left side. In October 2013 and December 2013, the patient went out on stress leave due to her work-related anxiety, depression, headache, stomach pain, and weight loss. Objective findings included left shoulder tenderness, weakness, and decreased range of motion. Diagnoses were left shoulder strain, stress, depression, anxiety, insomnia, abdominal pain, weight loss. Treatment plan included x-ray of left shoulder, physical therapy, Internal Medicine consultation, consultation with psychiatrist [REDACTED]. Utilization review decision date was 04-25-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Consultation with Psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions , Psychological evaluations Page(s): 23, 100-102.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses behavioral interventions and psychological evaluations. Behavioral interventions are recommended. The identification and reinforcement of coping skills is useful in the treatment of pain. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures with use in pain problems, and in chronic pain populations. 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. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Doctor's first report of occupational injury dated 03-31-2014 by orthopedic surgeon [REDACTED] documented subjective complaints of left shoulder pain, stress, depression, anxiety, insomnia, abdominal pain, weight loss, and psychosocial factors. Date of injury was 04-13-2011. Consultation with psychiatrist [REDACTED] was requested. The doctor's first report dated 03-31-2014 documented a history of significant psychological problems and chronic pain. MTUS guidelines recommend psychological evaluation and treatment. Given the patient's psychological and chronic pain history, psychiatry consultation is supported and is medically necessary. Therefore, the request for Continued Consultation with Psychiatrist is medically necessary.