

Case Number:	CM14-0081184		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2011
Decision Date:	09/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 08/01/2011. The mechanism of injury occurred from the arm being pulled. The notes are handwritten and hard to decipher. Diagnoses include exacerbated pain in the lumbar spine, exacerbated pain in the cervical spine, and exacerbated pain in the right shoulder. Past treatments include medication, physical therapy, and diagnostic studies. Surgeries were noted to include repair of a torn ligament of the right shoulder in 2013. Diagnostic studies include an MRI of the cervical spine, MRI of the lumbar spine, MRI of the right shoulder, multiple sleep studies, and an EMG/NCV. On 03/25/2014, the injured worker was seen for low back pain. The clinical note was hand written and hard to decipher. There was tenderness to palpitation of the lumbar spine, cervical spine, and right shoulder. There was restricted range of motion. The treatment plan was for a neurological consultation, psychiatric consultation, and an orthopedic consultation for bursitis. The request is for consultation with a psychologist and orthopedic consultation for the lumbar and cervical spine and right shoulder. The rationale was not provided. The request for authorization was dated 03/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 101.

Decision rationale: The request for consultation with psychologist is not medically necessary. The injured worker has a history of back pain and right shoulder pain. The California MTUS Guidelines state that "psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." 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. There is lack of documentation of psychological complaints within the notes provided for review. It is unclear if the injured worker had any psychiatric issues associated with the injury. There is no medical necessity for psychiatric consult at this time. As such, the request is not medically necessary.

Orthopedic Consultation for Lumbar and Cervical Spine and Right Shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89.

Decision rationale: The request for orthopedic consultation for lumbar and cervical spine and right shoulder is not medically necessary. The injured worker has a history of back pain and right shoulder pain. The CA MTUS/ACEOM guidelines recommend that under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously select and refer to specialists who will support functional recovery as well as provide expert medical recommendations. The progress note on 03/25/2014 was handwritten and hard to decipher. There is little documentation regarding functional limitations. The limitations noted tenderness in the lumbar spine and reduced range of motion of the right shoulder. There is lack of documentation of conservative treatment. There is lack of documentation that the provider could not care for the patient. There is lack of comprehensive exams or questions and concerns that an orthopedic physician would need to address. As such, the request is not medically necessary.