

Case Number:	CM14-0177459		
Date Assigned:	10/30/2014	Date of Injury:	07/01/2010
Decision Date:	01/26/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Rehab 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:

This is a 50 year old male who suffered an industrial related injury on 7/01/10 after a motor vehicle accident. Medical history included two left knee surgical procedures and a right shoulder surgery on 11/4/11. The treating physician's report dated 6/1/14 (25) noted the injured worker had complaints of headaches, elevated blood pressure, neck pain, and right shoulder pain that radiates to the right arm and hand. The injured worker also had complaints of difficulty falling asleep, bad dreams, reduced sexual interest, depressed mood, and feelings of nervousness and tenseness. The physician noted the injured worker had treatment with acupuncture, physical therapy, electrical stimulation, and medications. On 10/24/14 the utilization review (UR) physician denied the requests for a consultation with a pain psychologist (neck/thoracic/ lumbar) 1x15 visits and a consultation with an internist for treatment and monitoring of hypertension. Regarding the consultation with a pain psychologist the UR physician noted there is no recent formal psychological evaluation that supports any psychosocial issues attributed to the injury that require specific psychosocial care. Regarding the consultation with an internist, the UR physician noted further information regarding any current issues in regard to the hypertension is unclear and current blood pressure is not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation With A Pain Psychologist (Neck/Thoracic/Lumbar) 1 X 15 Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The patient presents with complaints of headaches, elevated blood pressure, neck pain, and right shoulder pain that radiates to the right arm and hand. The patient also had complaints of difficulty falling asleep, bad dreams, reduced sexual interest, depressed mood, and feelings of nervousness and tenseness. The current request is for consultation with a pain psychologist (neck, thoracic, lumbar) 1 x 15 visits. The treating physician states that the patient should have an additional 15 psychological visits emphasizing behavioral, cognitive and relaxation techniques followed by once a month psychiatric treatments for an additional two years. The MTUS guidelines state that behavioral interventions are recommended. "Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)"However, in this case the treating physician is requesting 15 psychological visits. This request is outside of the MTUS guidelines recommending up to 10 total visits over approximately 8 weeks. The request is not medically necessary.

Consultation With An Internist (Treatment And Monitoring Of Hypertension): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC- Office Visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) , chapter 7, page 127.

Decision rationale: The patient presents with complaints of headaches, elevated blood pressure, neck pain, and right shoulder pain that radiates to the right arm and hand. The patient also had complaints of difficulty falling asleep, bad dreams, reduced sexual interest, depressed mood, and feelings of nervousness and tenseness. The current request is for consultation with an internist (treatment and monitoring of hypertension). The treating physician states that the patient was diagnosed with high blood pressure 7/21/10 and recommended internal medical treatment, which was not authorized. The ACOEM guidelines on page 127 state that specialty referral is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The current request is supported by the ACOEM guidelines for specialty referral to an internist. The treating physician feels that additional expertise is needed for the management of hypertension. The request is medically necessary.

