

Case Number:	CM14-0189674		
Date Assigned:	11/21/2014	Date of Injury:	01/21/2010
Decision Date:	02/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/13/2014

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 Family Practice 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 42 year old female worker who sustained an industrial injury to her left shoulder, right elbow, neck and low back on 1/21/2010. She sustained the injury when she was moving furniture and boxes while moving to a new office location. The diagnosis includes left shoulder pain. Per the doctor's note dated 4/10/2014, she had complaints of pain in the left upper back and some neck pain. Physical examination revealed left shoulder mildly positive Hawkin's sign, the left upper back very tender to palpation, normal extension and external rotation. The medications list includes nortriptyline. She was declared permanent and stationary. She has had left shoulder MRI dated 2/15/2011 which revealed mild changes of subcoracoid bursitis, acromioclavicular degenerative arthritis type changes with 2-3 mm spur formation along the undersurface of the joint with potential for impingement mechanism; EMG in 2011 which revealed left L5 and S1 nerve root irritation; lumbar MRI dated 3/30/2013 which revealed mild degenerative changes. She has had lumbar epidural steroid injections for this injury. She has had acupuncture visits, cognitive behavior therapy sessions and psychological consultation for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOLOGICAL EVALUATION: Upheld

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

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, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited Non-MTUS guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Any evidence that the diagnosis is uncertain or extremely complex is not specified in the records provided. Detailed history and a preliminary psychiatric evaluation for depression or anxiety, since the date of injury, is not specified in the records provided. Response to previous conservative therapy is not specified in the records provided. The medical necessity of psychological evaluation is not fully established for this patient. The request therefore is not medically necessary.