

Case Number:	CM14-0204873		
Date Assigned:	12/17/2014	Date of Injury:	08/16/2008
Decision Date:	02/23/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 51-year-old woman who sustained a work-related injury on August 16, 2008. Subsequently, the patient developed chronic hand pain. According to a progress report dated October 28, 2014, the patient complained of hand and wrist pain. On examination, there was diminished range of motion of the left wrist, with crepitus and persistent triggering of the left thumb. There was neck pain on extension and compression sign with left arm radiation and diminished biceps reflex and weakness of thumb extension. There was assymetric range of motion and diminished light touch. There was lumbar spine spasm on right with assymetric range of motion. The patient was diagnosed with status post proximal row carpectomy with DJD, lunate osteonecrosis and ligament instability, right carpal tunnel syndrome, depression, cervical left C6 radiculitis, and chronic pain. The provider requested authorization for Psychiatrist Evaluation and GI consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7 on Independent Medical Examinations and Consultations (page 127)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a psychiatry specialist. Although the patient's assessment indicated that she was suffering from depression, it seems that there is no need for psychiatric evaluation at this time. The requesting physician should provide a documentation supporting the medical necessity for this evaluation. The documentation should include the reasons, the specific goals and end point for a referral to psychiatric specialist. Therefore, the request for psychiatrist evaluation is not medically necessary.

Gastroenterology Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) Chapter 7 on Independent Medical Examinations and Consultations (page 127)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a GI evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a GI specialist. There is no documentation that the patient continued to have GI symptoms. There is no clear justification of GI consultation. Therefore the request for a Gastroenterology Evaluation is not medically necessary.