

Case Number:	CM14-0078605		
Date Assigned:	07/18/2014	Date of Injury:	05/30/2011
Decision Date:	04/15/2015	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/29/2014

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: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 47 year old, female patient, who sustained an industrial injury on 05/30/2011. A primary treating office visit dated 03/25/2014 reported subjective complaint of right sided neck pain that radiated to the right elbow and right shoulder joint pain. She also complains of feeling anxious, depressed. Objective findings showed the patient in a forward flexed position, chronically ill appearing, flat affect. The following medications are prescribed; Cymbalta, Diclofenac and Percocet. The following diagnoses are applied; adhesive capsulitis of shoulder. A request was made for a psychiatric medicine evaluation. On 05/06/2014, Utilization Review, non-certified the request, noting the CA MTUS/ ACOEM, Chronic Pain, Opioids was cited. The injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Medicine Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM. (2008). Chronic Pain, Occupational Medicine Practice Guidelines, 2nd Edition; p. 319-320; ACOEM. (2014). Opioids Guideline; p. 95; Official Disability Guidelines. (2014), Mental Illness & Stress).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities." Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial injury and developed psychological symptoms in form of feeling anxious, depressed due to it. She has been prescribed Cymbalta for chronic pain and depression. The request for one visit for Psychiatric Medicine Evaluation is medically necessary.