

Case Number:	CM15-0105232		
Date Assigned:	06/09/2015	Date of Injury:	01/26/2013
Decision Date:	07/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 32 year old female who sustained an industrial injury on 01/26/2013. Mechanism of injury occurred when she was doing hand cuffing techniques during briefing and during the exercise her supervisor accidentally pulled her left arm to fast and too hard. Diagnoses include neuralgia, neuritis and radiculitis, reflex sympathetic dystrophy of the upper limb, brachial neuritis, chronic pain syndrome, and adjustment disorder with depressed mood. Treatment to date has included diagnostic studies, medications, injections, use of a Transcutaneous Electrical Nerve Stimulation unit, cognitive behavioral psychotherapy, physical therapy, acupuncture, and left stellate ganglion block. A physician progress note dated 03/05/2015 documents the injured worker complains of left shoulder and left upper extremity pain. The pain is described as aching and a stabbing sensation. Her pain is relieved with the use of analgesic medications and injection therapy. She continues to have difficulty obtaining an adequate level of restorative sleep despite the current treatment. She is still experiencing an overall compromised mood due to her painful condition. She does feel that she has made some progress with treatment. She does report being frustrated due to persistent pain. Treatment requested is for Outpatient IPAD (electronic based psychological screening) test to Left Upper Extremity pain and left shoulder pain. Patient has received an unspecified number of PT and acupuncture visits for this injury. The patient has had history of sleep disturbances and frustrated mood due to sleep disturbances. The medication list include Relafen, lansoprazole, Clonidine, Norco, Duragesic patch and Cymbalta. Per note of psychological evaluation dated 12/10/14 patient had complaints of mood and sleep disturbances, sadness, depression, irritation and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient IPAD (electronic based psychological screening) test to Left Upper Extremity pain and Left Shoulder pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page 100. Decision based on Non-MTUS Citation Official Disability Guidelines, current online version Chapter: Mental Illness & Stress (updated 03/25/15) Psychological evaluations.

Decision rationale: Request: Outpatient IPAD (electronic based psychological screening) test to Left Upper Extremity pain and Left. Per the cited MTUS guidelines "Psychological evaluations Recommended. 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." Per the cited ODG guidelines "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in sub acute and 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." Per the cited ODG guidelines "Psychometrics are very important in the evaluation of chronic complex pain problems. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful." Per note of psychological evaluation dated 12/10/14 patient had complaints of mood and sleep disturbances, sadness, depression, irritation and anxiety. Patient has received an unspecified number of CBT visits for this injury. Diagnoses include neuralgia, neuritis and radiculitis, reflex sympathetic dystrophy of the upper limb, brachia neuritis, chronic pain syndrome, and adjustment disorder with depressed mood. Treatment to date has included diagnostic studies, medications, injections, use of a Transcutaneous Electrical Nerve Stimulation unit, cognitive behavioral psychotherapy, physical therapy, acupuncture, and left stellate ganglion block. A physician progress note dated 03/05/2015 documents the injured worker complains of left shoulder and left upper extremity pain. She continues to have difficulty obtaining an adequate level of restorative sleep despite the current treatment. She is still experiencing an overall compromised mood due to her painful condition. She does report being frustrated due to persistent pain. The patient has had history of sleep disturbances and frustrated mood due to sleep disturbances. The medication list includes Relafen, lansoprazole, Clonidine, Norco, Duragesic patch and Cymbalta. So the pt is on 2 opioid medications. Therefore the

patient has significant psychological/ psychiatric symptoms. A psychological screening test would help to monitor/ evaluate the patient's status and progress. The request for Outpatient IPAD (electronic based psychological screening) test to Left Upper Extremity pain and Left shoulder is deemed medically appropriate and necessary for this patient.