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| Case Number: | CM15-0143215 | | |
| Date Assigned: | 08/04/2015 | Date of Injury: | 09/14/2014 |
| Decision Date: | 09/01/2015 | UR Denial Date: | 06/29/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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: Arizona, 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 (IW) is a 57 year old male who sustained an industrial injury on 09/14/2014. He reported an assault where he was punched, thrown to the ground, and kicked in the head, resulting in dizziness, headaches, and body pain. The injured worker was diagnosed as having:- Cervical kyphosis with severe degenerative spondylosis at C4 through C7- Dynamic instability at 4mm noted at C3-C4 Lumbar spine musculoligamentous sprain-strain with severe loss of disc height at L5-S1- Thoracic spine musculoligamentous sprain-strain- Left hand musculoligamentous sprain-strain- Right upper extremity radicular pain- Anxiety, depression, and Gastric complaints. Treatment to date has included x-rays and CT scan and a neurology evaluation. He has had physical therapy, and pain medications. Currently, the injured worker complains of neck pain. She states the discomfort has improved with physical therapy and has decreased pain and inflammation and increased muscle strength and range of motion. He still has moderate intermittent sharp burning aching and soreness in her neck, but it is well controlled with treatment. Examination of the cervical spine finds decreased range of motion in all planes. There is a grade 5+ of 5 motor strength of the bilateral upper extremities. The treatment plan includes psychiatric, neurologic and temporomandibular joint appointments, a MRI of the cervical spine, and electromyogram-Nerve conduction velocity studies of the bilateral upper extremities, and follow up in four to six weeks to see the result of physical therapy sessions. A request for authorization was made for the following: 1 Psychosocial pain consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychosocial pain consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 367.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the claimant has pain and depression resulting from the injury. The claimant has undergone conservative treatment. The claimant was found to have pain disorder due to anxiety and psychological factors. The request for psychosocial pain consultation is medically necessary.