

Case Number:	CM15-0162595		
Date Assigned:	08/31/2015	Date of Injury:	09/09/2011
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/19/2015

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: California

Certification(s)/Specialty: Psychologist

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 64 year old female sustained an industrial injury to the neck, back and shoulders on 9-9-11. Previous treatment included physical therapy, trigger point injections, epidural steroid injections, injections, bracing and medications. In a PR-2 dated 7-8-15, the injured worker stated that he improved following steroid injections for his left third and fourth trigger fingers during his last office visit. The injured worker reported that his left fourth finger did not feel entirely normal. Physical exam was remarkable for decrease in extension of the left third finger, full flexion of the left third and fourth fingers without clicking or snapping, and some tenderness at the A1 pulley level of the left fourth finger. Current diagnoses included cervical spine sprain and strain, myalgia and myositis and carpal tunnel syndrome. The treatment plan included a psych consultation, medications (Flexeril, Neurontin, Voltaren and Mentherm gel) and a back and right knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation Qty: 1: 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), page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in September 2011. The request under review is for a psychiatric consultation. Unfortunately, there is no information, particularly within [REDACTED] notes prior to the RFA, offering a rationale for the request or indicating any need for a psychiatric consultation. Without sufficient information regarding symptoms or how psychiatric issues are interfering with recovery, the need for a psychiatric consultation cannot be substantiated. Therefore, the request for a psych consult is not medically necessary.