

Case Number:	CM15-0168228		
Date Assigned:	09/08/2015	Date of Injury:	07/02/2012
Decision Date:	10/13/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/26/2015

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 is a 47 year old male, who sustained an industrial injury on 7-2-12. The injured worker was diagnosed as having cervical sprain-strain, thoracic sprain-strain, left shoulder sprain-strain and left shoulder tenosynovitis. Treatment to date has included oral medications including Zolpidem 10mg, Pantoprazole 20mg, Anaprox, Flexeril, Ultracet and Diclofenac sodium 100mg, physical therapy, injections. Currently on 6-30-15, the injured worker complains of continued pain in the left shoulder and low back rated 7 out of 10 and 6 out of 10 respectively. He notes medications decrease his pain by 50%. Physical exam performed on 6-30-15 revealed lumbar spasm, left leg sciatica, tenderness to palpation of cervical spine around trapezial ridge with painful range of motion and facet tenderness to palpation at C4-5, C5-6 and C6-7 and left shoulder exam revealed tenderness to palpation at the acromioclavicular joint with painful range of motion. The treatment plan included a referral to psych for clearance of possible lumbar fusion; refilling of medications, request for physical therapy and a request for left shoulder rotator cuff repair. On 8-3-15 utilization review denied a request for psychology consultation due to absence of documentation with evidence of rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) office guidelines 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 examinees fitness for return to work. In this case, the claimant has chronic anxiety and depressions and is undergoing surgery. The request for psychological consultation to manage and plan for medical intervention is appropriate. The claimant did not respond well to biofeedback. The request for psychological consultation is appropriate.