

Case Number:	CM15-0190968		
Date Assigned:	10/05/2015	Date of Injury:	01/25/2010
Decision Date:	12/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old female who sustained an industrial injury on 1-25-2010 and has been treated for cervical disc disease, bilateral De Quervain's tenosynovitis and epicondylitis, and lumbar disc disease with radiculopathy. This request is related to psychiatric care. There is no documentation in the provided records addressing rationale for psychiatric evaluation related to this request; however, on 4-7-2015 the physician notes that there are "sleep and psychological issues, which need to be addressed by the appropriate specialist." On 8-7-2015, it is documented that "the patient denies having depression, anxiety, suicidal attempts or difficulty sleeping." The physician has requested psychiatric care for depression and anxiety, which was non-certified on 8-26-2015. The injured worker is presently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Care as related to the submitted diagnosis of depression and anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, page 127.

Decision rationale: This claimant was injured now 5 years ago. The diagnoses were cervical disc disease, bilateral De Quervain's syndrome and epicondylitis, and lumbar disc disease. There was scant information regarding psychiatric signs or symptoms. There is no mention as to why the psychiatric care is needed. ACOEM Guidelines, Chapter 7, Page 127, state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. This request for the consult fails to specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, work capability, clinical management, and treatment options. Therefore, the request is not medically necessary.

MRI of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, MRI.

Decision rationale: This claimant was injured now 5 years ago. The diagnoses were cervical disc disease, bilateral De Quervain's syndrome and epicondylitis, and lumbar disc disease. There is no mention of concerns for internal orthopedic derangement of the right shoulder, and objective signs suggestive of internal orthopedic derangement. The MTUS was silent on shoulder MRI. Regarding shoulder MRI, the ODG notes it is indicated for acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs OR for sub acute shoulder pain, suspect instability/labral tear. It is not clear what orthopedic signs point to a suspicion of instability or tearing, or if there has been a significant progression of objective signs in the shoulder to support advanced imaging. Therefore, the request is not medically necessary.

Electromyography/Nerve Conduction Velocity of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, page 303. This claimant was injured now 5 years ago. The diagnoses were cervical disc disease, bilateral De Quervain's syndrome and epicondylitis, and lumbar disc disease. The MTUS ACOEM notes that electrodiagnostic studies may be used when the neurologic examination is unclear, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. In this case, there was not a neurologic exam showing equivocal signs that might warrant clarification with electrodiagnostic testing. Therefore, the request is not medically necessary.