

Case Number:	CM15-0030143		
Date Assigned:	02/23/2015	Date of Injury:	10/22/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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: 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:

This is a 33 year old female patient who sustained a work related injury October 22, 2013. The diagnoses include cervical pain/strain/spasm; probable occipital neuralgia and headache. She sustained the injury due to being hit on the back of the head by a football. According to a physician's visit note dated January 8, 2015, she presented for a periodic office visit with complaints of headaches and pain in the neck, upper back, both shoulders, right arm and wrist, both hands, and right leg for the past 10 months. She had depression and sleep disturbances. Physical examination revealed cervical spine- tenderness, spasm and decreased range of motion. The current medications list includes Lidoderm patches. She has had an EMG/NCV (electromyography/nerve conduction studies), right upper extremities, dated 10/28/2014 which revealed mild right median neuropathy. She has had 24 visits of chiropractic treatment and physical therapy visits for this injury. Treatment plan included referral to psychologist for evaluation of pain and coping skills pending; continue physical therapy; pending trial of acupuncture and will consider trigger point injections after completion of physical therapy and occipital nerve blocks. According to utilization review dated January 28, 2015, the request for Referral to a Psychologist for Consultation and Evaluation of Pain Coping Skills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a psychologist for consultation & evaluation of pain coping skills, per 1/8/15 exam note: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Referral to a psychologist for consultation & evaluation of pain coping skills, per 1/8/15 exam note. MTUS guidelines: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127 Per the cited guidelines, "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." Per the records provided patient had chronic pain with depression and sleep disturbances. She has tried conservative therapy including physical therapy and chiropractic therapy. A psychological evaluation is medically appropriate and necessary for this patient to manage her chronic pain and depression. The request for referral to a psychologist for consultation & evaluation of pain coping skills, per 1/8/15 exam note is medically appropriate and necessary for this patient.