

Case Number:	CM15-0034291		
Date Assigned:	03/02/2015	Date of Injury:	10/16/2012
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 10/16/12. She has reported neck and upper extremity injury. The diagnoses have included carpal tunnel syndrome, pain in shoulder joint, cervical disc displacement without myelopathy, cervicgia, lumbago and neck sprain/strain. Treatment to date has included oral medications, cervical traction unit and activity restrictions. Currently, the injured worker complains of neck pain with radiation to arms. Severe neck and arm pain is noted on physical exam with spasm of paraspinous trapezius and severe pain left shoulder with adduction and slightly limited range of motion. Epidural steroid injections were recommended, however she is hesitant to use them. On 2/9/15 Utilization Review non-certified psychological test for somatization, noting there is no indication of a complication to recovery, co-morbidity or extenuating clinical circumstance to support the request and rheumatology consultation, noting she saw a rheumatologist 3-4 years ago and was found negative for lupus and there is no documentation to support repeat consultation with rheumatology. The ODG was cited. On 2/18/15, the injured worker submitted an application for IMR for review of psychological test for somatization and rheumatology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MMPI Psychological Test for Somatization: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Minnesota multiphasic personality inventory (MMPI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental and stress chapter: Minnesota multiphasic personality inventory (MMPI).

Decision rationale: According to the 06/09/2014 hand written report, this patient presents with neck pain that radiates to the arm with tingling and numbness. The current request is for MMPI Psychological Test for Somatization but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 06/09/2014 and the utilization review letter in question is from 02/09/2015. The request for authorization is on 02/06/2015. The patient's work status is to return to modified work on 06/09/2015. Regarding MMPI, ODG guidelines states: Recommended to determine the existence of suspected psychological problems that are comorbid with chronic pain, to help to tailor treatment. Not recommended as an initial screening tool for all cases of chronic pain. The criteria for use of the MMPI are 1. To determine the existence of psychological problems that are comorbid with chronic pain; 2. To help to pinpoint precise psychological maladjustment and help to tailor treatment; 3. To garner information that may help to develop rapport and enhance level of motivation; and 4. To detect psychological problems not discussed in the clinical interview. One particular area that may be helpful is the use of the Addiction Acknowledgement Scale. Based on the medical report provided for review, there is no discussion of the patient having psychological problems that are comorbid with chronic pain. In this case, the treating physician has failed to provide the documents as required for a Minnesota multiphasic personality inventory. The current request IS NOT medically necessary.

Rheumatology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch 7 page 127.

Decision rationale: According to the 06/09/2014 hand written report, this patient presents with neck pain that radiates to the arm with tingling and numbness. The current request is for Rheumatology consultation but the treating physician's report containing the request is not included in the file. The most recent progress report is dated 06/09/2014 and the utilization review letter in question is from 02/09/2015. The 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. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise including an opinion of a Rheumatologist may be required. The request IS medically necessary.