

Case Number:	CM15-0035962		
Date Assigned:	03/04/2015	Date of Injury:	05/12/2004
Decision Date:	07/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/25/2015

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 (IW) is a 45 year old female who sustained an industrial injury on 05/12/2004. She reported injury to the shoulder region. The injured worker was diagnosed as permanent and stationary with open future care following left shoulder surgery (04/03/2008) for superior labral anterior posterior repair, arthroscopic right shoulder surgery (01/07/2010). She has cervicogenic headaches, chest wall strain and contusion with continued pain and secondary depression and insomnia due to the prior diagnoses. The injured worker also has lumbar strain with recurrent symptoms, and also has elevation of liver function tests with use of pain medications. The diagnoses are consistent with the worker's injury of 05/12/2004 due to repetitive work of removing electrical panels and compensable consequences. Treatment to date has included surgeries, psychological care, and medications. Currently, the injured worker complains of persistent left shoulder pain, and right shoulder pain with decreased range of motion, neck pain, with persistent radiation to the left upper extremity, secondary headaches when the left shoulder pain is intense, sleep difficulty, frustration and depression due to pain, low back pain with radiation to the right leg and paresthesia of the right foot, intermittent and currently stable. The pain is usually a 4/10 with medication and a 7/10 without medication. She takes opioid medication with good analgesia with at least 50% improvement in the pain. The treatment plan includes continuation of the opioid medications, and the Naproxyn, Soma, Prilosec, and Omeprazole. A request for a Consultation with a Psychologist is made.

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: 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 Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127.

Decision rationale: The patient presents on 01/12/15 with lower back pain rated 4/10 with medications (7/10 without) which radiates into the right lower extremity. The patient's date of injury is 05/12/04. Patient is status post left shoulder surgery with labral repair on 04/03/08, and status post unspecified right shoulder surgery on 01/07/10. The request is for CONSULTATION WITH A PSYCHIATRIST. The RFA was not provided. Physical examination dated 01/12/15 reveals tenderness to palpation of the lumbar and cervical spinal regions with spasms noted, and decreased range of motion to both in all planes. Neurological examination reveals decreased sensation to light touch along the top of the foot, and along the L5 dermatomal distribution, and positive straight leg raise bilaterally. Shoulder examination reveals well healed arthroscopic scars from bilateral surgeries, and tenderness to palpation near the AC and upper deltoid region of the left shoulder, and tenderness to palpation globally in the right shoulder. The provider also notes positive impingement test bilaterally. The patient is currently prescribed Zoloft, Lamictal, Wellbutrin, Morphine, Naproxen, Soma, and Prilosec. Diagnostic imaging included lumbar MRI dated 12/04/14, significant findings include: "fissuring on the left posterior lateral portion of the annulus at L4-5 level." Patient is currently working. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for Psychological evaluations, states these are recommended for chronic pain problems. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examination and Consultations, page 127 states: 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. In regard to this consultation with a psychiatrist for this patient's depression and anxiety secondary to chronic pain, the request is appropriate. Progress note dated 01/12/15 indicates that that this patient has been under the care of a psychiatrist who is no longer accepting workers compensation cases, and therefore requires a new mental healthcare provider. MTUS guidelines support psychiatric evaluation and treatment for chronic pain, and ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms, current medication profile, and depression, further consultation with a psychiatrist/psychologist could produce significant benefits. Therefore, the request IS medically necessary.