

Case Number:	CM15-0039516		
Date Assigned:	03/10/2015	Date of Injury:	09/21/2011
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/03/2015

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: Emergency 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 48 year old female, who sustained an industrial injury on 09/21/2011. On provider visit dated 02/10/2015 the injured worker has reported cervical pain and upper extremity pain. On examination she was noted to have tenderness over the neck and shoulder girdle, decreased strength was noted on bilateral upper extremities and muscle spasms noted as cervicobrachial bilateral scalene, bilateral upper trapezius and mood was noted as anxious, apprehensive, tense and depressed. The diagnoses have included chronic pain, myofascial pain, and rule out neurovascular compression syndrome, shoulder girdle laxity, depression and anxiety. Treatment to date has included cubital tunnel release, FAST procedure, medication and tendinitis repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Scapular stabilization brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, IntelliSkin posture garments.

Decision rationale: The requested Scapular stabilization brace, is not medically necessary. CAMTUS is silent, Official Disability Guidelines, IntelliSkin posture garments noted "Not recommended as a treatment for shoulder pain. IntelliSkin posture garments conform to the back and shoulders as a second skin, intended to gradually reshape these areas for improved posture, athletic performance and less pain, according to marketing materials. There are no quality published studies to support these claims. The injured worker has cervical pain and upper extremity pain." On examination she was noted to have tenderness over the neck and shoulder girdle, decreased strength was noted on bilateral upper extremities and muscle spasms noted as cervicobrachial bilateral scalene, bilateral upper trapezius and mood was noted as anxious, apprehensive, tense and depressed. The treating physician has not documented the medical necessity for this DME as an outlier to negative guideline recommendations. The criteria noted above not having been met, Scapular stabilization brace is not medically necessary.

Pain psychology consultation and testing; [REDACTED] : Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag indications, Chronic Pain Treatment Guidelines Psychological Treatment, Pages 101-102 Page(s): 101-102, 1.

Decision rationale: The requested Pain psychology consultation and testing; Dr. Calzadilla, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." On examination she was noted to have tenderness over the neck and shoulder girdle, decreased strength was noted on bilateral upper extremities and muscle spasms noted as cervicobrachial bilateral scalene, bilateral upper trapezius and mood was noted as anxious, apprehensive, tense and depressed. The UR determination modified the request to approve a pain psychology consult only. The treating physician has not documented the medical necessity for psych testing. The criteria noted above not having been met, Pain psychology consultation and testing; [REDACTED] is not medically necessary.

