

<b>Case Number:</b>	CM15-0040145		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	09/24/2003
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, 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 applicant is a represented 56-year-old who has filed a claim for chronic neck pain, hand pain, shoulder pain, back pain, and elbow pain with derivative complaints of major depressive disorder (MDD), generalized anxiety disorder (GAD) reportedly associated with an industrial injury of September 24, 2003. In a Utilization Review report dated January 23, 2015, the claims administrator failed to approve requests for internal medicine and orthopedic referrals. The claims administrator did seemingly base its decision on the MTUS Guideline in ACOEM Chapter 5, page 92. A January 16, 2015 RFA form and an associated progress note of January 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated January 15, 2015, the applicant's psychologist noted that the applicant had multifocal complaints of neck pain, shoulder pain, elbow pain, back pain, leg pain, and hand pain. The applicant was tearful. Issues with anxiety and depression remained evident. Additional psychotherapy and relaxation therapy were proposed. The applicant's work status was not furnished, although the applicant did not appear to be working. An orthopedic evaluation for chronic pain purposes was proposed, along with an internal medicine evaluation for alleged gastric disturbances. The gastric disturbances were not elaborated or expounded upon, it was incidentally noted. In a January 7, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant did apparently have ongoing issues with hypertension, gastritis, and insomnia, it was noted, admittedly through preprinted checkboxes. Little to no narrative commentary was evident. Multifocal complaints of neck pain radiating to the upper extremities was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic referral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** Conversely, the request for an orthopedic referral was not medically necessary, medically appropriate, or indicated here. Based on the information on file, it appeared that the applicant's primary pain generator was the neck (cervical spine). As noted in the MTUS Guideline in ACOEM Chapter 8, page 180, applicants with neck or upper back pain complaints alone, without findings of associated serious conditions of significant nerve root compromise, rarely benefit from either surgical consultation or surgery. Here, there was no mention of the applicant's having any large, high-grade lesions amenable to surgical correction insofar as the cervical spine was concerned. There was no mention of the applicant's being a surgical candidate. There was no mention of the applicant's actively considering or contemplating surgery on the January 2015 progress note at issue. The multifocal nature of the applicant's complaints, furthermore, significantly reduced the likelihood of the applicant's considering any kind of surgical intervention here. Therefore, the request was not medically necessary.

**Internist referral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Yes, the request for an internist referral was medically necessary, medically appropriate, and indicated here. The request in question was seemingly initiated by the applicant's psychologist. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, a referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's mental health practitioner/psychologist was likely uncomfortable treating and/or addressing allegations of dyspepsia and/or reflux. Obtaining the added expertise of a practitioner better-equipped to address such issues and/or allegations, namely an internist, thus, was indicated. Therefore, the request was medically necessary.