

Case Number:	CM15-0043459		
Date Assigned:	03/13/2015	Date of Injury:	05/10/2013
Decision Date:	05/05/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: North Carolina

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:

The injured worker is a 48 year old female, who sustained a work/ industrial injury on 5/10/13. She has reported initial symptoms of injury to neck, back, left shoulder, right foot and leg as a result of repetitive housekeeping duties. The injured worker was diagnosed as having brachial neuritis or radiculitis, cervical sprain, left shoulder sprain, left shoulder impingement and rotator cuff tenosynovitis. Treatments to date included medications, Epidural Steroid Injection (ESI), H wave stimulator, acupuncture, chiropractic, diagnostics and stress management. Currently, the injured worker complains of pain in the head, neck, back, left shoulder, right foot and right leg which was rated a 9/10 on pain scale. The treating physician's report (PR-2) from 9/26/14 indicated the injured worker received chiropractic care with benefit, Epidural Steroid Injection (ESI) and psychological treatment with emotional improvement. The objective findings revealed BDI score of 32 which was increased so therefore indicated increased depression. The BAI score was 29 which were up from 27 previously which meant increased anxiety. She stated that she felt worthless, diminished ability to think and concentrate, sleep disturbance and weight increase/decrease. She also stated she felt excessive worry, restless feeling and easily fatigued. The physician noted that on the Beck Depression Inventory she had a score of 32 which placed her in the severe clinical depression range. The physician noted that her symptoms have not resolved and recommended treatment plan included referral for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for pain management: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1, 58-59. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient has ongoing pain despite conservative therapy. The referral for pain management would thus be medically necessary and approved.