

Case Number:	CM15-0052622		
Date Assigned:	03/26/2015	Date of Injury:	12/31/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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, Illinois

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 injured worker is a 37-year-old male, who sustained an industrial injury on 12/31/2013. He reported a 350-pound unit came down on him, pinning him between the unit and scaffold. The injured worker was diagnosed as having cervical sprain/strain, post-concussion syndrome, cervical degenerative disc disease, and cervical radiculitis. Treatment to date has included conservative measures, including diagnostics, acupuncture, and medications. On 2/19/2015, the injured worker complained of neck pain with radiation to the right upper extremity, accompanied by tingling. He also reported headaches, averaging 3 times weekly. He was working full time. Physical exam noted decreased cervical range of motion and diffuse tenderness to palpation in the cervical paraspinal musculature. A transcutaneous electrical nerve stimulation unit trial was noted, with pre rating 3/10 and post rating 2/10. Cervical magnetic resonance imaging findings were referenced, noting an incidental benign cyst, posterolateral border of C7-T1 (date of study 10/16/2014). Medications included Aspirin, Lidopro cream, and Gabapentin. The treatment plan included consideration of orthopedic evaluation for cyst if pain worsens or continues. The previous PR2 report, dated 2/12/2015, noted that the injured worker felt depressed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depression Screening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG, Mental Illness & Stress, Depression screening).

Decision rationale: The injured worker sustained a work related injury on 12/31/2013. The medical records provided indicate the diagnosis of cervical sprain/strain, post-concussion syndrome, cervical degenerative disc disease, and cervical radiculitis. Treatments have included TENs unit, medications, including Aspirin, Lidopro cream, and Gabapentin. The medical records provided for review do not indicate a medical necessity for Depression Screening. The MTUS is silent on this. Although the Official Disability Guidelines recommends it, it is recommended to be screened at the primary care setting; therefore, it does not require separate referral. The Official Disability Guidelines states as follows, "the new evidence shows that screening improves the accurate identification of depressed patients in primary care settings and that treatment of depressed adults identified in primary care settings decreases clinical morbidity." Therefore, the request is not medically necessary.

Orthopedic evaluation for Cyst: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: The injured worker sustained a work related injury on 12/31/2013. The medical records provided indicate the diagnosis of cervical sprain/strain, post-concussion syndrome, cervical degenerative disc disease, and cervical radiculitis. Treatments have included TENs unit, medications, including Aspirin, Lidopro cream, and Gabapentin. The medical records provided for review do not indicate a medical necessity for orthopedic evaluation for Cyst. The record indicates the orthopedics referral is for the cervical cyst. Cyst is considered a disease of life, and usually not regarded a work related medical problem. Nevertheless, the MTUS recommends a thorough work history a crucial tool establishing work-relatedness, but medical records did not document the work history. Therefore, the request is not medically necessary.