

Case Number:	CM15-0056734		
Date Assigned:	04/01/2015	Date of Injury:	04/10/2013
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/26/2015

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 is a 43 year old female, who sustained an industrial injury on 4/10/2013. Diagnoses include cervical spine sprain/strain with radiating pain into the scapular area, mild right trigger finger, left knee contusion and right hand contusion. Treatment to date has included medications and physical therapy. Per the Qualified Medical Reevaluation dated 4/29/2014 the injured worker reported constant pain in the neck rated as 4-6/10 and present approximately 70% of the time. She reports right hand pain rated as 6-8/10. Physical examination revealed slight tenderness in the mid cervical spine area. There was minimal paraspinal muscle spasm in the cervical spine more on the right than the left. There was occasional triggering at the thumb level upon examination of the right wrist. Authorization was requested for psychiatry, hand specialist, psychology and orthopedic consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology for treatment of pain syndrome: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with constant pain in the neck rated as 4-6/10 that presents approximately 70% of the time. She also reports right hand pain rated as 6-8/10. The request is for Psychology for Treatment of Pain Syndrome. The RFA is not provided. Patient's diagnosis included cervical spine sprain/strain with radiating pain into the scapular area, mild right trigger finger, left knee contusion, and right hand contusion. Treatments to date have included medications and physical therapy. Patient is to return to full duty. MTUS Chronic Pain Medical Treatment Guidelines page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ACOEM page 127 states: Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise. Labor Code 9792.6 under utilization review definition states: Utilization review does not include determinations of the work-relatedness of injury or disease. There are no progress reports or RFA provided. The rationale for the request is not provided. There are no discussions as to how a psychology treatment may benefit the patient. Review of the QME report did not indicate any present psychosocial factors. There are no discussions, subjective complaints, or diagnosis of abnormal mental status findings. Due to the limited information provided, the request cannot be considered to be in accordance with the guidelines. Therefore, the request Is Not medically necessary.

Psychiatry for stress consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with constant pain in the neck rated as 4-6/10 that presents approximately 70% of the time. She also reports right hand pain rated as 6-8/10. The request is for Psychiatry For Stress Consult. The RFA is not provided. Patient's diagnosis included cervical spine sprain/strain with radiating pain into the scapular area, mild right trigger finger, left knee contusion, and right hand contusion. Treatments to date have included medications and physical therapy. Patient is to return to full duty. ACOEM page 127 states: Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Labor Code 9792.6 under utilization review definition states: Utilization review does not include determinations of the work relatedness of injury or disease. There are no progress reports or RFA provided. The rationale for the request is not provided. There are no discussions as to how a psychiatry consultation may benefit the patient. Review of the QME report did not indicate any present psychosocial factors. There are no

discussions, subjective complaints, or diagnosis of abnormal mental status findings. Due to the limited information provided, the request cannot be considered to be in accordance with the guidelines. Therefore, the request Is Not medically necessary.

Orthopedic consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with constant pain in the neck rated as 4-6/10 that presents approximately 70% of the time. She also reports right hand pain rated as 6-8/10. The request is for Orthopedic Consult. The RFA is not provided. Patient's diagnosis included cervical spine sprain/strain with radiating pain into the scapular area, mild right trigger finger, left knee contusion, and right hand contusion. Treatments to date have included medications and physical therapy. Patient is to return to full duty. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. There are no progress reports or RFA provided. In review of the QME report provided, the rationale for the request is not clear. Treater has not indicated what body part the consultation is being requested for either. Due to the limited information provided, the request cannot be considered to be in accordance with the guidelines. Therefore, the request Is Not medically necessary.