

Case Number:	CM14-0133642		
Date Assigned:	08/22/2014	Date of Injury:	09/12/2012
Decision Date:	09/19/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/19/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female with a date of injury of 9/12/2012. Per the initial comprehensive orthopedic evaluation of a primary treating physician and request for authorization dated 7/3/2014, the injured worker complains of continuous dull aching pain in the neck which increases to sharp and shooting pain. There is cracking and grinding of the neck with range of motion, and twisting and turning the head and neck. The pain is aggravated with flexing or extending the head and neck, turning her head from side to side, prolonged positioning of the head and neck, forward bending, pushing, pulling, lifting and carrying greater than 5-10 pounds and working or reaching at or above shoulder level. There is radiating pain from the neck into her shoulders and head. She has been experiencing frequent headaches and numbness, tingling and burning sensations which radiated to the hands. She has difficulty falling asleep and is often awakened during the night by the neck pain. There is stiffness and restricted range of motion in the head and neck. On examination of the cervical spine, there is spasm and tenderness over the paravertebral musculature, upper trapezium, interscapular area, but not the cervical spinous processes, or occiput. There is a well healed incision noted over the anterior cervical spine, a well healed incision was also noted over the left side of the pelvis. Upper extremity reflexes, special tests and strength were normal. There was decreased sensation with pain in the left C6 distribution. Jamar grip testing was 14/14/14 on the right and 12/12/12 on the left. Diagnoses include cervical spine radiculopathy and status post fusion at the C4-C5 and C5-C6 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Referral: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, referrals may be appropriate in the provider is uncomfortable with the line of inquiry with treating a particular cause of delayed recovery. The requesting physician reports that the injured worker has developed internal issues due to her industrial injury. The physician is requesting for the patient to be seen by an internist to address industrial connectivity in relation to her internal issues. There is no explanation provided by the requesting physician about what these internal issues are, as there are no complaints or examination findings that indicate the need for an internist evaluation. The request for Internal Medicine Referral is determined to not be medically necessary.

4 sessions of3 psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations section, Psychological Treatment section Page(s): 100-102.

Decision rationale: The requesting physician reports that the injured worker has developed anxiety and depression due to her industrial injuries. She has been exposed to chronic pain, and prior to her industrial injures she did not have psychological symptoms. A referral is requested in order to determine industrial connectivity in relation to her psyche. The claims administrator approved the request for a psychological evaluation, but denied the request for four sessions of psychotherapy as there has been no recommendation from a certified psychologist or psychiatrist recommending psychotherapy. The MTUS Guidelines recommend psychological treatment for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long term effect on return to work. Psychological evaluations should determine if psychological interventions are indicated. Although the injured worker may need psychotherapy, the request is made prior to the psychological evaluation which should be able to determine if psychological treatment is indicated. Medical necessity at this point has, therefore, not been established. The request for 4 sessions of psychotherapy is determined to not be medically necessary.