

Case Number:	CM14-0147366		
Date Assigned:	09/15/2014	Date of Injury:	07/03/2007
Decision Date:	10/15/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 licensed in Psychology and is licensed to practice in Utah. 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:

This is a 49-year-old female with a 7/3/07 date of injury, when a student grabbed her by the neck and blouse causing the neck, the left shoulder and bilateral hand pain. The patient underwent left carpal tunnel release surgery on 8/11/08, cervical fusion on 10/19/09 and right carpal tunnel release surgery on 2/3/11. The patient was seen on 8/27/14 with complains of bilateral cervical radiculopathy, bilateral elbow pain, hypertension, uncontrolled diabetes and mental health issues. The patient saw a clinical psychologist and her primary doctor. The patient stated that she could not tolerate pain medications and that psychotherapy did not help her. It was stated that she continued to display symptoms of depression of severe intensity and that the level of depression was a function of her pain and functional limitations. The note stated that the patient would clearly benefit from continued participation in Full Pain Management Program consisting of individual sessions and group sessions and that the patient's ability to cope with pain was poor. Exam findings revealed obesity, the active range of motion of the neck was 75 percent of normal and the patient was alert and oriented x3. The patient's judgment was normal, her affect was not labile and her mood was depressed. She expressed no suicidal or homicidal plans or ideations. The diagnosis is brachial neuritis, depression, late epicondylitis, and cervical radiculopathy. Treatment to date: medications, psychotherapy, physical therapy, chiropractic treatment, acupuncture, and work restrictions. An adverse determination was received on 9/4/14. The request for consultation with pain psychiatrist x 1 was modified to comprehensive psychological evaluation extension given that the consult with the psych was done and was not adequate and a repeat consultation was not supported. The consultation with pain management physician was approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with pain psychiatrist QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 115, Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, Chapter 6, pp 127,156; Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: CA MTUS states that consultations are recommended, and a 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. The UR decision dated 9/4/14 modified the request for consultation with pain psychiatrist x 1 to comprehensive psychological evaluation extension given that the consult with the psych was already performed and the consultation with pain management physician was approved. There is no rationale with regards to the additional consultation with pain psychiatrist, given that the patient already underwent consultation with a pain psychologist. In addition, the patient's diagnosis was clear and the treatment goals were specified. Therefore, the request for a consultation with pain psychiatrist qty: 1 was not medically necessary.