MAXIMUS Federal Services

Case Number:	CM14-0183915		
Date Assigned:	11/10/2014	Date of Injury:	04/05/2012
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 Physical Medicine & Rehabilitation 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 34-year-old male who reported an injury on 04/05/2012. The injured worker was a fulltime cook and he began experiencing right elbow pain. The injured worker treatment history included medications, injections, x-ray of the lumbosacral spine, neurology consultation, and MRI of the lumbar spine. The injured worker was evaluated on 09/23/2014. It was documented the injured worker complained of arm pain at elbows, the back, neck, and leg area. However, the injured worker stated he was doing better than before. The injured worker stated he still had problems bending, reaching, and lifting; even light things. He was doing more exercising. Physical examination revealed reduced cervical range of motion to 85%, showing progress. Deep tendon reflexes (DTRs) are normal and upper extremity (UE) sensory is normal. Paracervical myofascial pain; range of motion lumbar at 75% showing positive objective progress; positive straight leg raise on the left greater than the right at 50 degrees with grade 1 left radiculitis; diminished left extensor hallucis longus (EHL) tendon; sensory loss, left L4 and L5; bilateral elbow overuse tendinosis; positive Cozen's; elbows range of motion remains approximately 90% pain pronation/supination/less intense. Diagnoses included lumbosacral sprain/strain, lumbosacral intervertebral disc, and spinal stenosis lumbar region. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management: 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 Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The request for continue pain management is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the healthcare system through self-care as soon as clinically feasible. The injured worker stated the arm pain at elbow, back, neck, and leg was better. However, the injured worker still had trouble bending, reaching, or lifting even light things. Details pertaining to prior conservative care treatment were not submitted for this review. As such, the request for pain management is not medically necessary.

Psychiatry consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for referral to psychiatry consultation is not medically necessary. California MTUS/ACOEM states specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression and referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use their best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The included medical documentation lacks evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms or diagnosis that would be congruent for a referral to a psychiatrist. As such, the request for psychiatry consultation is not medically necessary.