

Case Number:	CM14-0212762		
Date Assigned:	12/30/2014	Date of Injury:	07/23/1991
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54 yr. old female claimant sustained a cumulative work injury from 7/22/91 to 9/13/92 involving the shoulders, neck and knees. She was diagnosed with cervical spondylosis/radiculitis, left shoulder arthritis, and degenerative joint disease of both knees. A progress note on 11/13/14 indicated the claimant had 4+5/10 pain. The shoulders and elbows had swelling locking, weakness and tenderness. The knees had weakness, stiffness, burning pain, clicking and locking with a 9/10 pain. Examination was notable for limited range of motion of the involved joints and neck. X-rays of the shoulders and elbows showed no fracture or dislocation. X-rays of the knee showed medial joint line degenerative changes. X-ray of the cervical spine showed spondylosis and degenerative changes from C2-C5. The physician recommended an MRI of the cervical spine, lumbar spine and a pain as well as a psych consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100.

Decision rationale: According to the guidelines, a psychological evaluation is recommended for use in pain problems, but also with more widespread use in chronic pain populations. However in this case, the indication for the consult was not specified. As a result, the consult is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC (2014, Web)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the lumbar spine is not medically necessary.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Medical Treatment Guidelines 2nd Edition 2004 Chapter 7 Consults

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) Chapter 7 Consults to Specialist page 127

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the request for a pain specialist does not indicate the desired intervention that can be performed by the specialist that cannot be performed by the referring physician. In addition, there were no complex findings beyond arthritic changes. Such findings do not necessitate a pain management consultation.