

<b>Case Number:</b>	CM14-0044451		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female with an industrial injury dated 03/20/2015. Her diagnoses include unspecified gastritis and gastroduodenitis without mention of hemorrhage and carpal tunnel syndrome. Prior treatment included occupational therapy, psychology sessions, medications and rest. She had been authorized to see a gastroenterologist. She presented on 03/20/2015 with complaints of pain in the neck and bilateral upper limbs. Physical exam revealed normal mood and affect. Recent and remote memory was intact. Pain behaviors were within expected context of disease. There was tenderness of the right elbow. The provider documents the injured worker continues with severe pain and a depressed mood. She had 3 sessions remaining sessions of cognitive behavioral therapy, which she had found to be helpful with mood and improvement. The treatment plan included a request for internal medicine consult and six pain psychology sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for six pain psychology sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 92 and 127.

**Decision rationale:** Prospective request for six pain psychology sessions is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the 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. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality." The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.

**Prospective request for one internal medicine consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Directors Association (AMDA). Gastrointestinal disorders. Columbia (MD) American Medical Directors Association (AMDA); 2006. 28 p.[24 references].

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 92 and 127.

**Decision rationale:** Prospective request for one internal medicine consult is not medically necessary. Per Ca MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the 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. An independent medical assessment may also be useful and avoiding potential conflicts of interest when analyzing causation or prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) 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. A consultant is usually asked to act in an

advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality." The claimant's last visit did not indicate any of the above issues; therefore, the requested service is not medically necessary.