

Case Number:	CM15-0112424		
Date Assigned:	06/18/2015	Date of Injury:	05/29/2009
Decision Date:	07/21/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53 year old male, who sustained an industrial injury on 5/29/2009. The current diagnoses are status post left shoulder surgery, status post laminotomy and micro-discectomy, acromioclavicular joint arthritis of the left shoulder, L4-S1 annular tear with facet arthropathy, left shoulder impingement syndrome with lateral down sloping of the acromion, bilateral hip degenerative joint disease, depression, right leg radiculopathy, L1-2 extruded disc herniation, annular tears L1-S1, and L1-2 and L2-3 moderate lumbar stenosis. According to the progress report dated 5/5/2015, the injured worker complains of neck pain with radiation into the mid scapular region. He has pain radiating into the bilateral trapezius with numbness and pain radiating down the left arm through the elbow to the forearm. The pain is rated 5-7/10 with medications and 10/10 without. Additionally, he reports left shoulder pain, which is rated 7/10 with medications and 10/10 without. He complains of back pain from his mid thoracic spine to low lumbar region with radiation of numbness and pain down the bilateral buttocks through the anterior and posterior thighs through the shins and calves into the feet. His pain is rated 4-5/10 with medications and 10/10 without. The current medications are Colace, Dilaudid, Miralax powder, Zanaflex, Prilosec, Lidoderm patch, and Anaprox. Treatment to date has included medication management, x-rays, MRI studies, electrodiagnostic testing, cortisone injections, and surgical intervention. The plan of care includes psychiatric evaluation with monthly follow up for 6-8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation with monthly follow up for 6-8 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

Decision rationale: Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the primary physician is considering the use of a spinal cord stimulator (SCS) for chronic pain with the injured worker. Due to the injured worker's history of depression, the physician is requesting a psychiatric evaluation prior to the use of a SCS. While a psychiatric evaluation is warranted in this case, there is no support for follow-up visits for 6-8 months. The request for psychiatric evaluation with monthly follow up for 6-8 months is not medically necessary.