

Case Number:	CM15-0117916		
Date Assigned:	06/26/2015	Date of Injury:	07/09/2003
Decision Date:	08/04/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/18/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 48 year old female sustained an industrial injury to the neck and right upper extremity on 7/9/03. Documentation did not disclose previous treatment. In a PR-2 dated 3/27/15, the injured worker complained of continuing neck pain with bilateral upper extremity hypersensitivity. The injured worker also complained of increased anxiety and stress. Physical exam was remarkable for tenderness to palpation to the cervical spine with positive Adson's bilaterally and hypersensitivity to bilateral upper extremities. The injured worker was scheduled for thoracic outlet surgery in July 2015. Current diagnoses included right thoracic outlet syndrome status post right ulnar nerve transposition, status post right shoulder arthroscopy, left elbow sprain/strain, lumbar spine sprain/strain with right lower extremity radiculopathy, cervical spine sprain/strain with bilateral upper extremity radiculopathy, stress and anxiety. The treatment plan included proceeding with thoracic outlet surgery and a psych consultation due to anxiety and stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities." Upon review of the submitted documentation, it is ascertained that the injured worker suffers from chronic pain secondary to industrial trauma and has developed depression, anxiety and stress as a sequale to the chronic pain per progress note dated 3/27/2015. There is no indication of any significant psychopathology that would need specialist referral at this time. Thus, the request for Psych Consultation is not medically necessary at this time.