

Case Number:	CM15-0174808		
Date Assigned:	09/16/2015	Date of Injury:	07/18/2011
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 36 year old female who sustained an industrial injury on 7-18-2011. A review of medical records indicates the injured worker is being treated for cervical facet syndrome, cervical pain, and shoulder pain. Medical records dated 8-19-2015 note progressive pain in her cervical spine and left shoulder. She rates the severity of pain as a 6 out 10 and 4 out of 10 at its best. She states that she can sit for 15 minutes at a time and stand for 15 minutes at a time. Physical examination of the cervical spine revealed restricted range of motion. Para-vertebral muscles, spasm, and tenderness were noted on both sides. Movement of the left shoulder was restricted. Treatment has included anti-inflammatories, injection, physical therapy without relief, massage therapy with minimal relief, and surgery. She had a labral reconstruction in 11-2011 and a rotator cuff repair in 2-2012. Utilization review form dated 8-27-2015 noncertified a psych evaluation with MD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

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 indicated that the injured worker suffers from chronic pain secondary to industrial injury. Per progress report dated 9/10/2015, she has been noted to have some sleep disturbance but otherwise the psychiatric review of symptoms is negative for depression, mood swings, irritability, delusions, anxiety. There is no clinical indication for a specialist referral at this time. Therefore, the request is not medically necessary.