

Case Number:	CM15-0063398		
Date Assigned:	04/09/2015	Date of Injury:	11/13/2003
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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 44 year old male who sustained an industrial injury on 11/13/03. He has reported a right arm and shoulder injury after tripping and falling on a loose screw. The diagnoses have included right shoulder pain status post right shoulder subacromial decompression on 4/18/05 and 7/3/07, lumbar facet pain, right sacroiliitis, cervical radiculopathy, bilateral knee pain and insomnia secondary to pain. Treatment to date has included medications, surgery, physical therapy, injections, and other modalities. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 1/26/15 and 2/9/05, Magnetic Resonance Imaging (MRI) of the lumbar spine was done on 2/14/14 and Magnetic Resonance Imaging (MRI) of the right shoulder was performed on 1/26/09. The (NCV) Nerve Conduction Velocity studies and (EMG) electromyography of the bilateral upper extremities was done on 3/3/14 and right lower extremity on 8/18/09. The x-rays of the cervical spine were done on 5/29/14, the lumbar spine was done on 2/14/14 and x-ray of the right shoulder was performed on 2/14/14. Currently, as per the physician progress note dated 2/17/15, the injured worker complains of persistent neck and right shoulder pain rated 5/10 on pain scale. The neck pain radiates to the left shoulder and scapular region. He also has right side shoulder pain with flare-up for past 2 weeks. He states that he was currently looking for a job but is afraid that that he may not find the appropriate one and that it may aggravate the pain. He was seen for psychotherapy treatment and was recommended to see psychiatry consult. He denies and suicidal ideation or thoughts but sometimes wonders why he should continue living. The objective findings revealed positive psychiatric for anxiety and depression. There were spasms noted in the

cervical muscles and stiffness in the cervical spine. There was also tenderness in the cervical facet joints, the right epicodylar region and Tinel's sign was positive at the right elbow. Treatment plan was for prescription of Norco and Omeprazole, physical therapy, Transcutaneous electrical nerve stimulation (TENS) unit trial, right elbow PIL-O splint and the physician requested treatment included Psychiatric Consultation for Psychotropic Medication Management and Authorization to be valid for 4 to 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation for Psychotropic Medication Management and Authorization to be valid for 4 to 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation CA MTUS ACOEM Chapter 7: Independent Medical Examinations and Consultations, page 116.

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." The request for psychiatric Consultation for Psychotropic Medication Management and Authorization to be valid for 4 to 6 months is excessive and not medically necessary. One Psychotropic Medication Management and Authorization could be done and eventually. The request IS NOT medically necessary.