

<b>Case Number:</b>	CM15-0075429		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	02/18/2015
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation, 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 32year old female, who sustained an industrial injury on February 18, 2015. The injured worker reported right hand, arm, and shoulder and neck pain with numbness. The injured worker was diagnosed as having cervical and thoracic strain/sprain, cervical myospasm and thoracic outlet syndrome. Treatment and diagnostic studies to date have included chiropractic and hot packs. A progress note dated March 27, 2015 the injured worker complains of neck, shoulder, back bilateral arm, elbow and hand pain. She reports increased heaviness and decreased strength in the arms and hands. Physical exam notes decreased range of motion (ROM) and decreased muscle mass in the arms and hands. The plan includes multiple consultations, physiotherapy and chiropractic. The progress report dated March 27, 2015 indicates that the patient is depressed and scared that she will not be able to work again. Objective findings reveal loss of muscle mass in the arms and hands. The treatment recommendations include MRI, electrodiagnostic studies, chiropractic care, physical therapy, pain management consultation, and thoracic outlet syndrome MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation State of Colorado Department of Labor and Employment, Chronic Pain Disorder Medical Treatment Guidelines, page 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127, Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

**Decision rationale:** Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient current physicians seems to have additional conservative treatment and diagnostic workup that he feels is indicated. It seems reasonable to address all conservative treatment options and complete a diagnostic workup prior to proceeding with subspecialist consultation. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.

**Consultation with psychiatrist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398.

**Decision rationale:** Regarding the request for psychiatric consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there is identification of depressive symptoms and fear. Additionally, it does not appear that the current treating physician is attempting to treat these complaints. Therefore, evaluation with a psychiatrist seems to be a reasonable next treatment step. As such, the currently requested psychiatric consultation is medically necessary.

