

Case Number:	CM14-0075043		
Date Assigned:	07/16/2014	Date of Injury:	09/28/2013
Decision Date:	11/30/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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:

This injured worker is a 39 year old female who reported an industrial injury on 9-28-2013. Her diagnoses, and or impressions, were noted to include: right elbow and wrist pain, and low back pain. Open magnetic resonance imaging studies of the lumbar spine were said to have been done, and to be fairly unremarkable, but no studies, or report, were noted. Her treatments were noted to include: physical therapy - 40% effective; medication management; and rest from work. The orthopedic progress notes of 4-18-2014 reported: improved neck, right shoulder, and right knee-ankle pain; that her right elbow, wrist and back pain still hurts; and reported successes and- or side-effects of her medications. The objective findings were noted to include diffuse tenderness throughout her lower lumbar area, and negative straight leg raise. The physician's requests for treatment were noted to include: an evaluation by a psychiatrist for chronic pain, and neuro-diagnostic studies with electromyogram and nerve conduction studies to rule-out radiculopathy or nerve impingement. No Request for Authorization for. The Utilization Review of 4-21-2014 non-certified the requests for a referral to psychiatrist and electrodiagnostic studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Ch. 6 Pg. 115 Official Disability Guidelines-Mental Stress Chapter, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Guidelines recommend specialty consultation when the diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, there is no documentation of mental status examination or objective findings consistent with depression or anxiety which might warrant a psychiatric consultation. The request for psychiatric consultation is not medically appropriate or necessary.

EMG/NCV of the bilateral upper extremities (BUE) and the bilateral lower extremities (BLE): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines-Carpal Tunnel Syndrome Chapter, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Guidelines recommend EMG/NCS to help identify subtle focal neurologic dysfunction in patients with lower and upper extremity pain lasting more than 3-4 weeks. In this case, there are no new findings, no changes in sensory deficits or neurological changes and there is a lack of peripheral nerve dysfunction. The request for EMG of the bilateral lower and upper extremities is not medically appropriate or necessary.