

Case Number:	CM13-0008097		
Date Assigned:	03/24/2014	Date of Injury:	12/11/2012
Decision Date:	04/29/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Psychiatry and Neurology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 35-year-old female with a 12/11/12 date of injury. At the time (7/1/13) of request for authorization for psychiatrist consultation (cervical), there is documentation of subjective (neck pain with radicular symptoms to the left upper extremity) and objective (fair range of motion and increase in symptoms to the trapezial muscle and upper arm with movements of the neck) findings, current diagnoses (neck strain, cervical radiculopathy, cervical spinal compression, and trapezial muscle pain, most likely secondary to cervical radiculopathy), and treatment to date (activity modification, physical therapy, and medications). Medical report identifies that the patient was referred for additional physical therapy and for consult with a doctor of Physiatriy for consideration for an epidural corticosteroid injection. There is no documentation of a rationale identifying that consultation with a psychiatrist is for the purpose of screening, assessment of goals, and further treatment options .

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST CONSULTATION (CERVICAL): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, 7, 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PSYCHOLOGICAL TREATMENT Page(s): 100-102. Decision based on Non-MTUS Citation
PSYCHOLOGICAL TREATMENT

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological/psychiatric evaluation. ODG identifies that psychological/psychiatric evaluations are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological/psychiatric evaluation. Within the medical information available for review, there is documentation of diagnoses of neck strain, cervical radiculopathy, cervical spinal compression, and trapezial muscle pain, most likely secondary to cervical radiculopathy. In addition, there is documentation of a medical report identifying a request for consult with a doctor of Physiatry for consideration for an epidural corticosteroid injection. However, given that the request is to review the Decision for psychiatrist consultation (cervical), there is no documentation of a rationale identifying that consultation with a psychiatrist is for the purpose of screening, assessment of goals, and further treatment options. Therefore, based on guidelines and a review of the evidence, the request for psychiatrist consultation (cervical) is not medically necessary.