

Case Number:	CM13-0038550		
Date Assigned:	12/18/2013	Date of Injury:	01/25/2012
Decision Date:	02/12/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, 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 physician 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:

This is a 51 year old female patient injured January 25, 2012. The patient had a C5-6 fusion March 5, 2013. The patient had neck arm and back pain. The patient was injured due to falling. Current medications include: Naproxen, Norco, Fexmid, Ultram and Protonix. The records provided do not provide details about past psychiatric treatment and/or results. At issue is medical necessity for "psychiatric treatment".

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The CA MTUS Chronic Pain Management Treatment Guidelines on pages 100 and 101 states the following on Psychological evaluations in the context of pain: "Recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are

preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological and Psychiatric treatment are closely related but distinct. This patient would likely benefit from either or both. However, there is no information in the records provided about mental health treatment given and the results. The psychiatric treatment requested is not specific. There are a wide range of psychiatric services available. Further, the request has no endpoint. Unlimited psychiatric treatment is not medically necessary per guidelines.