MAXIMUS Federal Services

Case Number:	CM13-0045996		
Date Assigned:	12/27/2013	Date of Injury:	05/02/2012
Decision Date:	03/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 licensed in Psychology 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:

The claimant is a 52 year-old male [redacted]) with a date of injury of 5/2/12. The claimant sustained injury to his neck, back, hips, and knee as the result of a motor vehicle accident while working as a carpenter for [redacted]. He was diagnosed by [redacted] in the PR-2 dated 10/14/13 with: (1) Status post contusion of the head with cephalgia; (2) Cervicothoracic strain/arthrosis/discopathy with central and foraminal stenosis; (3) Lumbosacral strain/arthrosis; (4) Status post bilateral knee contusions with mild arthrosis and ongoing mechanical symptoms; (5) Internal medicine and urologic complaints; and (6) Psychiatric complaints. The claimant has been medically treated via medications, injections, H-wave, acupuncture, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Psychiatric Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter.

Decision rationale: The Expert Reviewer's decision rationale: The CA MTUS does not address "psychiatric evaluation", not does the ODG. However, the Official Disability Guidelines for office visits will be used as reference for this case. Although the claimant has been listed as having "psychiatric complaints" as part of his diagnosis from [redacted], there is very little information in the records to substantiate it. Without more information regarding symptoms, subjective reports, and/or objective documentation, the request for "1 psychiatric referral" does not appear appropriate at this time and therefore, is not medically necessary.