

Case Number:	CM13-0051479		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	03/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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:

The patient is a 49 year old male injured worker with date of injury 10/21/2010. He has been diagnosed with bilateral low back pain and right knee pain. Examination on 05/16/13 reveals findings of significant lumbar tension, tenderness to palpation and difficulty with lateral rotation. His treatment thus far has consisted of medications including ultracet, naprelan and Lyrica. He is refractory to physical therapy, NSAID's and conservative treatments. Fluoroscopically guided diagnostic left sacroiliac injection was performed. There is a current treatment request for consultation with a psychologist for cognitive behavioral therapy for chronic pain and UR decision is pending. Treating physician also recommends right medial compartment unloader knee brace for better knee support, 30 days TENS unit for chronic knee pain pending UR decision as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult for right knee and lumbar spine chronic pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Section Psychological evaluations Page(s): 100-102.

Decision rationale: The injured worker has no documented psychiatric diagnoses. The review of systems fails to reveal any symptoms suggesting any psychiatric diagnosis. Therefore, the injured worker does not meet criteria for referral to Psychiatry