

Case Number:	CM13-0055065		
Date Assigned:	12/30/2013	Date of Injury:	09/15/2010
Decision Date:	05/02/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	11/20/2013

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 Family Practice, and is licensed to practice Texas. 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 injured worker is a 53-year-old female who reported an injury on 09/15/2010. Currently under consideration is a request for consultation and treatment with a psychiatrist. Per the clinical notes submitted for review this injured worker reportedly injured her low back in 09/2010 when she bent over to assist a student and immediately felt an onset of pain and discomfort in the lumbar spine which radiated down into the right leg. The injured worker is noted have ultimately undergone a right hip arthroscopy with clinical notes of 02/07/2013 indicating the injured worker had developed psychological trauma secondary to her work related injury and that the injured worker was undergone treatment as of 02/07/2013 with [REDACTED]. This was related to complaints which included depression and stress and with indication that the injured worker's symptoms were somewhat alleviated with the use of Zoloft and Cymbalta. Clinical notes as of 11/20/2013 indicate that the injured worker was ambulating with the assistance of a cane and that the injured worker had limited range of motion and flexion to 75 degrees, extension 15 degrees, right and left lateral flexion of 25 degrees with a negative toe and heel walk. The injured worker had negative findings for sciatic nerve stretch test bilaterally with the only indicated positive finding was of mild positive paraspinal tenderness to percussion. There was no complaint of numbness or tingling radiating down either leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULTATION AND TREATMENT WITH PSYCHIATRIST: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that if the patient's complaints persist, the physician needs to reconsider the diagnosis and decide whether specialist evaluation is necessary. Furthermore, psychological evaluation is generally accepted, well established diagnostic procedures not only for selective use in pain problems but also with more widespread use in chronic pain populations. Diagnostic evaluations are to distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychological evaluations should determine if further psychological interventions are indicated. The documentation submitted for review details the recommendation for consultation and treatment with a psychiatrist. However, the most recent clinical notes submitted for this review are dated November 20, 2013, and detailed no clear clinical rationale for the injured worker to be treated with a consultation by psychiatrist. Furthermore, submitted for evaluation was a psychiatric re-evaluation and agreed medical evaluation dated June 12, 2012 completed by [REDACTED], who indicated as a result of the evaluation at that time that future psychiatric treatment should allow for an additional 1 dozen sessions at most in helping the injured worker to make some decisions about how she would like to spend her time. Furthermore, it was indicated that the evaluating psychologist was not particularly optimistic about psychiatric intervention in making a distinct difference with respect to alleviating the injured worker's emotional distress. Final Determination Letter for IMR Case Number CM13-0055065 4 Notes further indicated the injured worker had been taking antidepressant medication for years and that the injured worker was on two different antidepressants which were prescribed for the injured worker's chronic pain as well as emotional lability. The request for a consultation and treatment with a psychiatrist is not medically necessary or appropriate.