

Case Number:	CM13-0057119		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2011
Decision Date:	03/31/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/25/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 52-year-old female who reported an injury on 10/17/2011. The patient was reportedly injured when she was struck on the shoulders and feet by falling trays. The patient is diagnosed with lumbar disc disease and lumbar spine radiculopathy. The patient was seen by [REDACTED] on 11/08/2013. The patient reported 8/10 pain with radiation to bilateral lower extremities. Physical examination revealed 5/5 motor strength in bilateral lower extremities, decreased sensation in bilateral L5 dermatomes, and positive straight leg raising bilaterally. Treatment recommendations included a refill of current medications and a request for authorization for a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 88-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular

cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the patient denied depression, nervousness, mood swings, or sleep disturbances. The patient also denied alcoholism or drug abuse treatment. The medical necessity for the requested referral has not been established. Based on the clinical information received, the request for Psych referral is not medically necessary and appropriate.