

Case Number:	CM13-0061188		
Date Assigned:	12/30/2013	Date of Injury:	11/16/2010
Decision Date:	03/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/04/2013

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 patient is 42-year-old male who sustained an injury to his low back on October 4, 2010. He was sitting in a garbage truck, when he turned to the right side and pulled on a lever, and felt a sharp pain in his low back. On November 16, 2010, the patient was driving a company truck and had an auto accident that increased his low back pain. As of October 15, 2013, the patient continued to have moderate constant low back pain and stiffness, intermittent radiating pain into lower extremities, and intermittent numbness and tingling in the right lower extremity and foot. The patient was diagnosed with low back syndrome, lumbar/lumbosacral disc degeneration, and lumbar herniated nucleus pulposus. His status was noted to be temporarily totally disabled for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

psych consultation for depression due to pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The medical records contain two instances in which the patient complains of psychiatric symptoms (anxiety). No diagnosis was formulated and no follow-up treatment was

suggested. On January 10, 2013, the patient stated that he feels anxious, and wants to see a psychiatrist. On October 15, 2013, the patient completed an questionnaire regarding his activities of daily living, in which he stated he averages 5 hours of sleep per night; he indicated that the lack of sleep is secondary to pain and anxiety. The available documentation does not contain any subjective or objective medical evidence that the patient complained of or was suffering from depressive symptoms necessitating further evaluation. As such, the request is noncertified.