

Case Number:	CM13-0062718		
Date Assigned:	12/30/2013	Date of Injury:	05/12/2011
Decision Date:	06/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine, 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 injured worker is a 44 year old female who reported an injury on 05/12/2011. The mechanism of injury was not provided in the clinical documentation submitted. Within the clinical note dated 11/04/2013, the injured worker reported persistent anxiety, and stress. He complained of low back pain. Upon physical exam, the provider noted tenderness, and limited range of motion of the thoracic and lumbar spine. The clinical documentation submitted was largely illegible. The provider requested a psych consultation and Internal Medicine consultation; however, the rationale for the request was not provided for review. The Request for Authorization was provided and dated 11/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCH CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES 2ND EDITION, 2004, CHAPTER-15 STRESS RELATED CONDITIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The MTUS Chronic Pain Guidelines recommend psychological evaluations when established diagnostic procedures not only with the selected use in pain problems, but also with more wide spread use in chronic pain population. Psychosocial evaluations should determine if further psychosocial interventions are needed. The interpretation of an evaluation should provide clinicians with a better understanding of the injured worker in their social environment. Thus, allowing for more effective rehabilitation. There was a lack of objective findings of psychological symptoms submitted warranting the medical necessity for a psych consultation. Therefore, the request for a psych consultation is not medically necessary and appropriate.

INTERNAL MEDICINE CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 1

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

Decision rationale: The Official Disability Guidelines recommend office visits as determined to be medically necessary. Determination is based on what medication the injured worker is taking, since some medications such as opioids or certain antibiotics require close monitoring. The determination of the necessity for an office visit requires an individualized case review and assessment being ever mindful that the best injured worker outcomes are achieved with eventual injured worker independence from the healthcare system through self-care as soon as clinically feasible. There was a lack of clinical and objective documentation indicating signs or symptoms to warrant the need for an Internal Medicine consultation. Therefore, the request is not medically necessary and appropriate.