

Case Number:	CM13-0069697		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2000
Decision Date:	06/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/23/2013

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 Psychiatry, 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 an employee of [REDACTED] and has submitted a claim for bilateral arm and bilateral leg pain with an industrial injury date of June 8, 2000. Treatment to date has included medications, intrathecal pump, and physical therapy. Medical records from 2013 were reviewed, which showed that the patient complained of constant bilateral arm and leg pain, 9/10 without medicine and 8/10 with medicine, and described as burning, throbbing, aching, and electric pins and needles in character. Pain is increased with any touch or movement and decreased with medicine and rest. On physical examination, there were dyesthesias and allodynia in all four extremities but the patient was ambulating independently. Utilization review from December 2, 2013 denied the request for referral for psychiatry because the records did not demonstrate that the patient had psychological issues that would warrant a referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR PSYCHIATRY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 127 and 156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the medical records did not indicate the presence of any psychological symptoms. Moreover, a mental status examination was not performed. The presence of psychiatric issues was not established; therefore, the request for REFERRAL FOR PSYCHIATRY is not medically necessary.