MAXIMUS Federal Services

Case Number:	CM14-0006693		
Date Assigned:	02/07/2014	Date of Injury:	07/18/1990
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/17/2014

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:

This patient is a 76 year old female with date of injury 7/18/1990. Date of UR decision 12/26/2013. She injured her lower back while working at a grocery store. PR from 5/8/2013 suggests that she has been treated with epidural steroid injections in back, physical therapy for the injury occurred in 1990. The PR indicates that she is taking duragesic, vicodin, cymbalta, ativan, neurontin. PR from 12/17/2013 states that Injured Worker has back pain, lower back, hip and knee pain. She is taking the duragesic, trazodone and norco as needed. Psychiatric review of systems is negative for depression and other psychiatric symtpoms. Injured Worker is being prescribed cymbalta but it is unclear if it being prescribed for pain or for mood.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, , 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Reviewed

records do not include any detailed assessment of the psychiatric needs that need to be addressed by a Psychiatric evaluation. The PR from 12/17/2013 indicated that the Psychiatric Review of systems is negative. Also the mental status exam is within normal limits. Given the above he medical necessity for Psychiatric Consultation cannot be affirmed at this time. Therefore is not medically necessary.