

Case Number:	CM14-0007339		
Date Assigned:	02/10/2014	Date of Injury:	01/29/2010
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/20/2014

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 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 claimant is a 57 year-old male (██████████) with a date of injury of 1/29/10. The claimant sustained injuries to his hip, thigh and back when he was moving large sheets of plastic and felt pain. He sustained this orthopedic injury while working as a driver for ██████████. In a PR-2 report dated 2/4/14, ██████████ diagnosed the claimant with: (1) Lumbar spondylosis; (2) Lumbar spine with a 3.9 mm isc bulge at L1-2, a 3.9 mm disc bulge at L2-3, a 5.9 mm disc bulge at L3-4 and a 2.9 mm disc bulge at L4-5 and L5-S1 with annular tear at L4-5 and L5-S1, per MRI of 4/9/10 per ██████████ 8/29/11 AME report; (3) Lumbar spine radiculopathy; (4) Stress, anxiety and depression; and (5) Possible sleep disorder. Additionally, ██████████ diagnosed the claimant on 12/9/13 with: (1) Lumbar disc degeneration; (2) Lumbar radiculopathy; and (3) annular tears at L4-5 and L5-S1. It is also reported that the claimant developed psychiatric symptoms secondary to his work related orthopedic injuries. In a "Psychological Consultation Report/ Request for Treatment Authorization" dated 12/10/13, ██████████ diagnosed the claimant with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder due to chronic pain; and (4) Insomnia related to generalized anxiety disorder and chronic pain. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION QTY:1.00: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION (2004), CHAPTER 15 (STRESS RELATED CONDITIONS), 398-404

Decision rationale: The ACOEM guideline regarding treatment and referral will be used as references for this case. Based on the review of the medical records, the claimant completed a psychological evaluation on 11/9/12 with [REDACTED] from [REDACTED]. [REDACTED] and began an unknown number of psychological services including biofeedback following the evaluation (one note offered for review). [REDACTED] recommended and requested a psychiatric consultation however, it is unclear whether one was completed. It is unknown from the records submitted for review exactly how many and what types of psychological/psychiatric services were completed prior to the claimant's psychological evaluation with [REDACTED] on 12/10/13. In that evaluation, [REDACTED] not only recommended follow-up psychological services, but a psychiatric consultation as well. It is that request that is being reviewed. Based on all of the information, a psychiatric consultation is completely appropriate as the claimant may require the assistance of psychiatric medications. As a result, the request for "Psychiatric Evaluation QTY:1.00" is medically necessary.