

Case Number:	CM14-0008980		
Date Assigned:	01/29/2014	Date of Injury:	05/06/2006
Decision Date:	08/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/03/2014

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:

The patient is a 47-year-old male who has submitted a claim for cervicalgia associated with an industrial injury date of May 6, 2006. Medical records from 2009 to 2014 were reviewed. The patient complains of frequent spasms in the back and frequent numbness and tingling in the right shoulder and the right hand. He reports sleep disturbances and feeling depressed due to chronic pain. A psychiatric examination was done on April 16, 2009. The patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood. Psychotherapy was recommended, however it was unclear whether the patient participated in such. Most recent physical examination showed limitation of motion of the cervical spine, lumbar spine and right upper extremity. The diagnoses include chronic neck pain due to tight musculature and muscle spasms; right shoulder pain due to a history of right labral tear status post repair and impingement syndrome; right thoracic pain possible due to costochondritis versus a neuritis of the intercostal nerve; and problems with anxiety, depression and insomnia. Treatment plan include a request for referral to a psychiatrist. Treatment to date has included oral analgesics, right shoulder surgery, physical therapy and chiropractic therapy. Utilization review from December 17, 2013 denied the request for referral psychiatrist because there was no objective psychological evaluation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL PSYCHIATRIST: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

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) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by California MTUS, occupational 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, a psychiatric examination was done April 16, 2009. The patient was diagnosed with adjustment disorder with mixed anxiety and depressed mood. However, there was no discussion with regards to the treatment the patient had received. It seems that patient has not received psychological care since then. The patient currently reports sleep disturbances and depression due to chronic pain. A psychological consult is a reasonable option in this patient to manage these symptoms that may be adversely affecting the patient's pain condition. Therefore, the request for referral psychiatrist was medically necessary.