

Case Number:	CM14-0017857		
Date Assigned:	04/16/2014	Date of Injury:	09/12/2008
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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 has submitted a claim for back pain, with an industrial injury date of September 21, 2008. The treatment to date has included physical therapy, chiropractic care, lumbar epidural injection (June 2011), unspecified undated L5-S1 spine surgery and medications which include Norco, Vicodin, Tylenol #3, Tramadol, Lunesta, Percocet, Zanaflex. A utilization review from January 13, 2014 denied the request for psychiatrist evaluation for medication because of lack of clinical information in the recent clinical notes submitted. The medical records from 2013 to 2014 were reviewed, the latest of which dated February 3, 2014 which revealed that the patient still complains of pain in the neck and lumbar spine. On examination of the cervical spine, there is spasm and tenderness with positive Spurling's test. There is pain and limitation in range of motion. On examination of the lumbar spine, there is noted gluteal pain. There is spasm and tenderness with positive straight leg raise test. There is pain and limitation in range of motion. There is pain with extension and flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST EVALUATION FOR MEDICATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), pg. 127.

Decision rationale: The MTUS states that psychological evaluation is recommended. They are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. In addition, the California MTUS reference to ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the 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 patient has been suffering from chronic pain since 2008. However, there is no discussion concerning the need for a psychiatric consult; there are no complaints of psychiatric symptoms of depression or anxiety in the latest progress notes. The indication for this consult is unclear. Therefore, the request for psychiatrist evaluation for medication is not medically necessary.