

Case Number:	CM14-0019200		
Date Assigned:	04/21/2014	Date of Injury:	10/22/2009
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 50-year-old female who has submitted a claim for lumbar facet syndrome, low back pain, spinal/lumbar degenerative disc disease associated with an industrial injury date of October 22, 2009. Medical records from 2013-2014 were reviewed, the latest of which dated March 12, 2014 revealed that the patient complains of neck and low back pain. Pain with medications is rated as 5/10 and without medication as 8/10. Quality of sleep is fair. Activity level has increased. She is taking her medication as prescribed with benefits. On physical examination, there is limitation in range of motion of the cervical spine. There is tenderness noted at the paracervical and trapezius. Lumbar facet loading is positive bilaterally. There is limitation in range of motion of the lumbar spine. There is tenderness, spasm and tight muscle band noted over the paravertebral muscles bilaterally. There is mild erythema and limitation in range of motion of the right knee. There is tenderness noted over the lateral and medial joint line of the right knee. There is mild effusion in the right knee joint. Motor testing is limited by pain. Motor strength of the extensor hallucis longus is 5-/5 bilaterally. Straight leg raising test is positive bilaterally. Treatment to date has included right L3, L4, L5, S1 medial branch block (5/7/2010), right L3, L4, L5, S1 medial branch radiofrequency neurotomy (7/26/10), left L3, L4, L5, S1 medial branch radiofrequency neurotomy (11/19/10), home exercise program, and medications which include morphine, Vicodin, Percocet, Fentanyl patch, Neurontin, Dalmane, Ativan, Ambien, Lidoderm patch, Zofran, Dilaudid, Benadryl and trazodone. Utilization review from February 6, 2014 denied the request for referral to Psychiatrist DATE 1/22/2014 QTY:1.00 because there has been no discussion of the indication for which the attending physician is referring the patient to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL TO PSYCHIATRIST DATE 1/22/2014 QTY:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23-25.

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 - Independent Medical Examinations and Consultations, page(s) 127, 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by ACOEM, 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, referral to psychiatrist was requested; however, the rationale is unknown due to lack of documentation. The documents submitted indicate that the patient regularly follows up with a psychologist since December 2005 and has been maintained on Trazodone, Dalmane and Ativan. However, there is no diagnosis and clear plan of care that requires consultation with a psychiatrist. The medical necessity for a referral was not established. Therefore, the request for referral to Psychiatrist date 1/22/2014 qty:1.00 is not medically necessary.