

Case Number:	CM14-0140619		
Date Assigned:	10/09/2014	Date of Injury:	07/06/2000
Decision Date:	11/04/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 a licensed Clinical Psychologist 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:

According to the records that were provided for this IMR, this patient is a 54-year-old male reported an industrial injury that occurred on July 6, 2000. The injury reportedly occurred when the patient "fell while descending from a second floor area." The rest of the details regarding his loss of limb how the injury occurred were not provided for this IMR The patient has suffered a right side AK amputation and uses prosthesis. There is ongoing pain to multiple body areas including his knee and he reports constant pain in his left lower extremity and left groin that due to an orthopedic issue that has been substantiated with CT scans and studies. He has been diagnosed medically with: AK amputation, right; chronic low back pain; torn rotator cuff, right; and severe arthritis, left knee. He reports bilateral hips pain and right shoulder pain. A surgical intervention appears to be under consideration regarding replacement of his knee however the patient reports hesitation due to significant fear and anxiety of infection in the hospital, and has a prior history of this occurring. A request was made for the patient to be referred to a psychiatrist, for anxiety treatment. The rationale for non-certification of this request by utilization review was stated: "Regarding the referral for anxiety the request is not appear medically necessary. The current treatment guidelines state the patients with stress-related conditions can be effectively managed by the primary care physician. There are no significant psychological red flags toward a specialty referral at this time. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] for anxiety: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 15 Stress Related Conditions Page(s): 91. 387..

Decision rationale: The MTUS states that fear avoidance can sometimes interfere with the patient's ability to cope (see chapter 6) other techniques can also be used to enhance coping skills. Referral to a behavioral health professional trained in these areas might be a very important investment in the patient's overall outcome. Although the MTUS does state that the majority of patients can be safely and effectively managed by occupational or primary care physicians, it also states that if symptoms become disabling despite primary care interventions or persists beyond three months, referral to a mental health professional is indicated. In this case, given that the patient has had a loss of limb and has persistent anxiety lasted longer than three months regarding a possible upcoming surgery, the referral to a specialist in psychiatry for medication evaluation to consider the different options for anxiety treatment that might have the most advantageous result is appropriate, especially given that the referral is coming from the primary treating physician who otherwise would be making that medication decision and felt it necessary to make a referral. The request to overturn the utilization review decision is approved for one psychiatric referral to a psychiatrist for anxiety as it appears to be appropriate and medically necessary.