

Case Number:	CM14-0155377		
Date Assigned:	09/25/2014	Date of Injury:	05/09/2012
Decision Date:	10/27/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/23/2014

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:

Injured worker is a 52 year old male with date of injury 5/9/2012. He encountered a back injury when he tried to jump over a gate. He underwent treatment with physical therapy, home exercise program, medications and surgery including discectomy and hemi-laminectomy. Report dated 1/24/2014 indicated that over the past year, he had been having anxiousness, nervousness, sadness, depression and headaches that come and go based on the stress levels. His psychiatric review of systems was positive for anxiety and depression. Report dated 2/17/2014 suggested that the injured worker for post surgery L5-S1 dissection with residual pain. A Psychiatrist referral was requested at that visit secondary to the Neurologist recommending it. There is no clear documentation suggesting the recent psychological symptoms that the injured working has been experiencing or any interventions by the primary treating provider to treat the psychological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Health and Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Report dated 2/17/2014 suggested that the injured worker for post surgery L5-S1 dissection with residual pain. A Psychiatrist referral was requested at that visit secondary to the Neurologist recommending it per the report. There is no clear documentation suggesting the recent psychological symptoms that the injured working has been experiencing or any interventions by the primary treating provider to treat the psychological symptoms. Request for Consultation with Psychiatrist is not medically necessary as specialty referral is indicated if there is significant psychopathology. The request for a Consultation with Psychiatrist is not medically necessary.