

Case Number:	CM14-0169108		
Date Assigned:	10/17/2014	Date of Injury:	04/18/2011
Decision Date:	11/28/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/13/2014

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 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:

The claimant is a 47 year-old female (██████████) with a date of injury of 4/18/11. The claimant sustained injury to her back as the result of completing her usual and customary duties as a nurse for ██████████. In his PR-2 report dated 6/26/14, ██████████ diagnosed the claimant with Chronic Back Pain. Additionally, in his "Primary Treating Physician's Report" dated 4/4/14, ██████████ diagnosed the claimant with: (1) Status post L4 through S1 -posterior fusion; (2) Disk degeneration with annular tear at L2-3; and (3) Pars defect above. The claimant has been treated with medications, physical therapy, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In his "Psychological Evaluation" dated 3/13/14, ██████████ diagnosed the claimant with: (1) Major Depressive Disorder, Single Episode, Moderate; and (2) Pain Disorder Associated with a General Medical Condition. The claimant received psychotherapy services from ██████████ to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation only with psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in April 2011. It was also reported by [REDACTED] in March 2014 that she experienced symptoms of depression however, there are no recent accounts of depressive symptoms. The request under review was made from [REDACTED] however; none of [REDACTED] records were included for review. Without any documentation indicating current psychiatric symptoms, the need for a psychiatric assessment/evaluation, cannot be determined. Additionally, in his "Primary Treating Physician's Report" dated 4/4/14, [REDACTED] stated, "She has recently been evaluated by a psychiatrist." It is unclear whether this actually occurred as there was no record of an evaluation submitted for review. As a result of insufficient information, the request for "Evaluation only with Psychiatrist" is not medically necessary.