

Case Number:	CM14-0172597		
Date Assigned:	10/23/2014	Date of Injury:	08/20/2011
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spin Pain Management 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 56 years old female with an injury date on 08/20/2011. Based on the 09/15/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post sprain/strain, lumbar spine. 2. Herniated nucleus pulposus, L5-S1, and spondylosis, L3-4, with arthrosis. 3. Status post sprain/strain, cervical spine. 4. Herniated nucleus pulposus, C4-5, broad-based central disc and arthrosis, C4-75. Psychiatric/psychological disorder as per [REDACTED]. According to this report, the patient complains of "pain in the lower back and sacral base, radiating down the left posterior lower extremity to the level of the foot." Pain is rated as a 4/10; approximately 50% of the time. The patient also complains of neck pain posteriorly; right upper trapezius, and interscapular region. Neck pain is rated as a 4-5/10. Chest pain is noted almost weekly with shortness of breath." Lumbar and cervical range of motion is restricted. Milgram's, Yeoman's Miner's test, maximal foraminal compression, axial compression, distraction test are positive. There is marked weakness (4/5) of the right lower and upper extremities. The patient states "in the past 60 days, she has experienced two emotional breakdowns and called a crisis center for advice." The 06/28/2014 Psychiatric AME report indicates that the patient was administered a "Beck depression inventory test score was 27 in the moderate range of depressive complains; Beck Anxiety inventory test score was 25 in the moderate range of anxious complains; Zung's Measurement of depression test score was in the moderate range." The Waller Physical Symptoms Inventory test and The Epworth Sleepiness scale were also administered. There were no other significant findings noted on this report. The utilization review denied the request on 09/24/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2014 to 09/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 7, Independent Medical Evaluations and Consultations Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127, consultations

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with neck pain and "pain in the lower back and sacral base, radiating down the left posterior lower extremity to the level of the foot." The provider is requesting a psychiatric treatment with [REDACTED]. The treating physician states patient "complains of chest pain and short of breath. I described that this could be due to a psychiatric disorder." Regarding psychiatric treatment, ACOEM states that the occupational 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, the patient does present with psychological issues such as anxiety, depression, and patient is struggling with chronic pain for over 3 years; a psychiatric treatment appears reasonable and consistent with MTUS. Therefore, this request is medically necessary.