

Case Number:	CM14-0025009		
Date Assigned:	06/11/2014	Date of Injury:	01/01/2014
Decision Date:	07/24/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 40-year-old female who reported an injury on 01/01/2014. The injury occurred while performing her usual and customary duties as a server, and as she lifted her arms to reach for a box she felt pain in her mid back and shoulders. On 02/04/2014, the injured worker presented with midback pain and shoulder pain. Upon examination of the thoracic and lumbar spine, there was tenderness, guarding, and spasm noted in the paravertebral region bilaterally and trigger points noticeable in the lumbar and thoracic paraspinal muscles bilaterally. Range of motion was restricted to pain and spasm. The diagnoses were thoracic sprain/strain, thoracic myalgia, thoracic myospasm, lumbar myalgia, lumbar myospasm, and lumbar sprain/strain. Prior therapy included medication and physical therapy. The provider recommended evaluation and treatment to a psychiatrist. The provider's rationale was not included. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EVALUATION AND TREATMENT TO A PSYCHIATRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

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

Decision rationale: California MTUS/ACOEM Guidelines state specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with a patient may facilitate a referral or the return to work process. Treating specific psychiatric diagnoses are described in the practice guidelines and text. They recognize that primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. The included medical documentation lacked evidence of symptoms or diagnosis that would be congruent for a psychological evaluation or treatment. An adequate examination of the injured worker was not provided detailing current deficits in relation to an unstable mental health wellbeing. As such, the request is not medically necessary.