

Case Number:	CM14-0031811		
Date Assigned:	06/20/2014	Date of Injury:	04/01/2013
Decision Date:	08/12/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/13/2014

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 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:

The injured worker is a 30 year old male with date of injury 4/1/2013. The date of the UR decision was 3/4/2014. He underwent a Psychiatric evaluation on 12/10/2013 and was given the diagnosis of Adjustment disorder with anxiety and depressed mood. He encountered a back injury while lifting heavy steel plates. It was noted that he did not have any psychiatric complaints until his injury in April 2013 and it was deemed to be secondary to the chronic pain due to the injury. The treatment plan included prescription of Xanax 0.5 mg twice daily as needed for anxiety and 1 mg at bedtime. The plan suggested that there was no need for future evaluations, diagnostic procedure or any need for psychotherapy. A report dated 11/19/2013 indicated that he complained of sharp low back pain, rated 8/10 with radiation to left lower extremity down to the foot with associated sensation of numbness. He also reported psychiatric symptoms of anxiety, depression, stress and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) Psychiatric follow up for potential medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: The ODG states office visits are, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged." It was suggested per the Psychiatric evaluation on 12/10/2013 that the injured worker did not need any further treatment with the Psychiatrist. It was suggested that care could be transferred back to the Primary Treating Provider after the Psychiatric consult. As such, the request is not medically necessary and appropriate.