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| Case Number: | CM14-0036948 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 10/10/2011 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 03/26/2014 |

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 22-year-old male who reported an injury on 10/10/2011. The mechanism of injury was not provided. On 01/08/2014, the injured worker presented with low back pain and discomfort. Upon examination, there was tenderness to palpation to the lumbar paraspinals, lumbar range of motion 80% of normal, lower extremity range of motion was normal, and a negative straight leg raise. The diagnoses were L4-5 and L5-S1 laminectomy and discectomy on 10/02/2012. Prior therapy included medications. The provider requested a referral to a psychiatrist. The rationale was not provided. 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:

Referral to psychiatrist QTY: 1.00: 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 request for referral to psychiatrist is not medically necessary. California MTUS/ACOEM states specialty referral may be necessary when injured workers have

significant psychopathology or serious medical comorbidities. Segmental illnesses are chronic conditions, so establishing a good working relationship with an injured worker may facilitate a referral or the return to work process. It is recognized that primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner can use his or her best professional judgment in determining the type of specialist. Injured workers with more serious conditions may need a referral to a psychiatrist for medical therapy. The included medical documentation lacks evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms or diagnosis that would be congruent for a referral to a psychiatrist. As such, the request is not medically necessary.