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| Case Number: | CM14-0041172 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 11/28/2011 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 04/07/2014 |

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:

Injured worker is a 42 year old male with date of injury 11/28/2011. Date of the UR decision was 3/6/2014. He underwent a L3-4 laminectomy/discectomy on 4/24/2013 for industrial related traumatic central right L3-L4 extruded disc with nerve root compression, right greater than left. He has also had treatment with pain medications and physical therapy. Report dated 2/14/2014 listed Psychiatric/Neurologic review of systems positive for anxiety, depression, dizziness, extremity weakness, headache, insomnia, memory impairment and numbness in extremities. It was indicated that the primary provider had been concerned about suicidal ideations that the injured worker had been experiencing off late. It was suggested that he had thought about gunshot to head and drowning but there was no suicidal attempt. Per report dated 3/24/2014, the injured worker was experiencing sleep difficulties in form of being unable to sleep for more than 3 hours due to lower back pain and leg pain. It is also listed that he symptoms of mental exhaustion such as being anxious, feeling hopeless, isolated, confused, low self esteem, depression and feeling bored.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Consultation with [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations, Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Psychological evaluations.

Decision rationale: Injured worker is a 42 year old male who underwent a L3-4 laminectomy/discectomy on 4/24/2013 for industrial related traumatic central right L3-L4 extruded disc with nerve root compression, right greater than left. Report dated 2/14/2014 listed Psychiatric/Neurologic review of systems positive for anxiety, depression, dizziness, extremity weakness, headache, insomnia, memory impairment and numbness in extremities. It was indicated that the primary provider had been concerned about suicidal ideations that the injured worker had been experiencing off late. It was suggested that he had thought about gunshot to head and drowning but there was no suicidal attempt. Per report dated 3/24/2014, the injured worker was experiencing sleep difficulties in form of being unable to sleep for more than 3 hours due to lower back pain and leg pain. It is also listed that he symptoms of mental exhaustion such as being anxious, feeling hopeless, isolated, confused, low self esteem, depression and feeling bored. ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. Based on the continued serious nature of the psychiatric symptoms inform of suicidal ideations with plan, depression, insomnia etc; the request for Psychiatrist Consultation is medically necessary at this time.

Psychological Consultation with [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy, Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Psychological evaluations.

Decision rationale: Injured worker is a 42 year old male who underwent a L3-4 laminectomy/discectomy on 4/24/2013 for industrial related traumatic central right L3-L4 extruded disc with nerve root compression, right greater than left. Report dated 2/14/2014 listed Psychiatric/Neurologic review of systems positive for anxiety, depression, dizziness, extremity weakness, headache, insomnia, memory impairment and numbness in extremities. It was indicated that the primary provider had been concerned about suicidal ideations that the injured worker had been experiencing off late. It was suggested that he had thought about gunshot to head and drowning but there was no suicidal attempt. Per report dated 3/24/2014, the injured worker was experiencing sleep difficulties in form of being unable to sleep for more than 3 hours due to lower back pain and leg pain. It is also listed that he symptoms of mental exhaustion such as being anxious, feeling hopeless, isolated, confused, low self esteem, depression and feeling bored. Psychiatrist consult is indicated at this time for management of the symptoms and to figure out a plan for future care. However, a Psychologist Consult is not clinically indicated currently. Rationale for Psychologist consult has not been provided. It is unclear if a request for

psychotherapy or for testing purpose. It would be recommended to wait for results of Psychiatrist recommendations, before future care is decided. Thus, a request for Psychological Consultation is not medically necessary at this time.