

Case Number:	CM14-0043041		
Date Assigned:	07/02/2014	Date of Injury:	05/19/2007
Decision Date:	08/29/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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 Child & Adolescent 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 53 year old male who suffered an injury at work on May 19, 2007. The mechanism of injury is described as lifting a heavy sprinkler line when he experienced severe low back pain. He was evaluated and diagnosed with late effects of lumbar sprain and lumbar degenerative disc disease. Subsequently the injured worker continued to report chronic pain in his low back and both lower extremities. The injured worker declined any surgical treatments, and instead preferred to use analgesic medications for pain relief. In the January 22, 2014 progress report, the treating physician listed depression as a secondary problem for the injured worker. There were no documented objective mental status examination findings, and no prescribed psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd edition, pages 92, 115, 127; ACOEM guidelines Chronic Pain Chapter (2008), pages 224-26; ODG Mental Stress Chapter.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines indicate that psychological evaluations can be appropriate for individuals who have significant psychopathology or serious medical comorbidities. Treatment recommendations can then be implemented to alleviate mental health symptoms and sometimes secondarily the severity of chronic pain. Primary care physicians or non-psychological providers can often undertake psychotropic medication treatments when symptoms are mild to moderate. For severe mental health symptoms, a referral to a psychiatrist for medicine treatment is appropriate. The injured worker does not have a formal mental health diagnosis. There are also no documented objective mental status examination findings in the January 22, 2014 progress report. There is therefore no compelling clinical rationale for referral to a psychiatrist, and the request is not medically necessary on that basis.

Follow-up Visit in 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Psychological Evaluations; Psychological Treatment Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd edition, pages 115, 127; ACOEM guidelines Chronic Pain Chapter (2008), pages 224-26; ODG Mental Stress Chapter.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend psychiatric evaluations when there are documented objective findings indicative of a serious mental health disorder. The injured worker does not meet this criterion of treatment, and does not have a compelling rationale for undergoing a psychiatric consultation. Therefore, he does not have the need for a follow-up appointment in eight weeks, and on this basis, the request is not medically necessary.