

Case Number:	CM14-0044418		
Date Assigned:	06/20/2014	Date of Injury:	09/15/2013
Decision Date:	07/18/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/19/2014

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:

This is a 35 y/o female with date of injury 9/15/2013. Date of UR decision was 3/3/2014. PR dated 02/14/14 indicates that IW c/o right shoulder/arm pain and anxiety symptoms related with the injury such as bad dreams. IW also reports having low back pain with spasms in the right legat times but mostly at night. The IW had physical therapy with noted benefit. On examination, the IW appears sad, mood and affect is upset, angry, with normal speech. IW reports pain in the anterior shoulder joint area, lack of strength in the right arm. The claimant reports ongoing low back pain and spasms in the right low/buttock/thigh area during the night. It is noted that IW appears to be less emotional but still feels very strong. She reports improved emotional status; here is no noted homicidal or suicidal ideation. It is noted that IW reports benefit from the last sessions, however she is still in distress due to the incident, feels tired, and reports difficulty falling asleep, but able to sleep better. The IW reports diffuse right arm pain, pain in the posterior shoulder, especially near the axilla, pain in the right upper arm (bicepsbelly), and right extensor wad. There is noted discomfort in the right wrist with certain movements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial visit with psychiatrist for evaluation and treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The ACOEM guidelines page 398 states that a specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The submitted documentation suggests that IW has been treated for depression and insomnia symptoms by the primary treating physician since 2012. Specialty referral for an Initial psychiatric evaluation is indicated at this time because the IW's psychological issues have been tried to be managed by Primary treating physician for 2 years and she still continues to be depressed. Thus, the request is medically necessary.