

Case Number:	CM14-0055382		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2007
Decision Date:	08/19/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 59 year old female with date of injury 11/1/2007. Date of the UR decision was 4/11/2014. Progress report dated 1/29/2014 indicated that she has been experiencing continued worsening of the neck, right shoulder, right upper extremity shooting pain. It was suggested that she had been losing weight secondary to chronic pain, signs of acid reflux and right shoulder dysfunction. Objective findings per that report were visual swelling of the bilateral trapezius anterior and cervical spine. Paracervical tenderness and spasm were noted. She reported difficulty with swallowing, yawning and complained of severe neck pain. Per QME report dated 10/02/2013, she was diagnosed with Adjustment disorder with mixed anxiety and depressed mood and the psychological issues were deemed to be related to the industrial trauma. Psychotherapy trial and psychosocial medication consultation were recommended per that report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary, last updated 3/14/2014.

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

Decision rationale: Injured worker is a 59 year old female who had an industrial injury resulting in continued chronic pain in neck, right shoulder, right upper. Progress report dated 1/29/2014 suggested that she had been losing weight secondary to chronic pain, signs of acid reflux and right shoulder dysfunction. Per QME report dated 10/02/2013, she was diagnosed with Adjustment disorder with mixed anxiety and depressed mood and the psychological issues were deemed to be related to the industrial trauma. Psychotherapy trial and psychosocial medication consultation were recommended per that report. ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities" Upon review of the submitted documentation, there is no evidence of any severe psychiatric symptoms being experienced by her that would warrant the need for referral to a Psychiatrist. The request for a Psychiatric consult is not medically necessary.