

<b>Case Number:</b>	CM14-0058575		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/19/2008
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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:

Patient is a 59 year-old female with date of injury 03/19/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/07/2014, lists subjective complaints as pain in the neck and right upper extremity. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was restricted due to pain. Sensation to the upper right extremity was decreased in the right C6 and C8 dermatomes, and decreased in the left C5, C6, C7, and C8 dermatomes. Hoffman's test was negative. Diagnosis: 1. Status post multiple lumbar surgeries with radiculopathy 2. Neurodeficit, lower extremities 3. Cervical radiculopathy 4. Headaches 5. Possible fibromyalgia 7. Psychological issues 8. Sleep disorder. The medical record mentions very little in regard to the patient's psychiatric problems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing care with [REDACTED]:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Referrals. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004 Chapter 7, Independent Medical Examinations and Consultations, Page 132.

**Decision rationale:** The request is for the patient to have ongoing care with a psychiatrist. There is no documentation present in the medical record indicating the number of visits, previous treatment, or outcomes of those visits if present, or expected outcomes from psychiatric care. According to the MTUS, a referral request should specify the concerns to be addressed in the independent or expert assessment, including the relevant medical and non-medical issues, diagnosis, causal relationship, prognosis, temporary or permanent impairment, workability, clinical management, and treatment options. There is insufficient documentation and does not support the referral request therefore, this request is not medically necessary.