

Case Number:	CM14-0062659		
Date Assigned:	07/11/2014	Date of Injury:	02/20/2009
Decision Date:	08/21/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 36 year old female with date of injury 2/20/2009. Date of the UR decision 4/18/2014. Per Progress Reprot dated 4/7/2014, indicated that the pain levels were manageable with the medications including Naproxen, Tylenol #3, Biofreeze topical gel and Flector patch. He was diagnosed with low back pain; Lumbar MRI revealed mild degenreative disc disease at T12-L1. Objective findings included deep tendon reflexes being equal and symmetric in bilateral upper and lower extremities. Tenderness was elicited in paralumbar muscles. He was prescribed a monthly prescription of Norco at that visit and rest of the medications were unchanged. Report dated 6/2/2014, suggested pain level of 5/10 with medications and 7-8/10 without medications. It was suggested that she was in a hearing which authorized Psychological treatment for her pain problems. There is no documentation of any psychological symptoms being experienced by her.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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

Decision rationale: ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities Injured worker suffers from industrial related low back pain; Lumbar MRI revealed mild degenreative disc disease at T12-L1. Objective findings included deep tendon reflexes being equal and symmetric in bilateral upper and lower extremities. Tenderness was elicited in paralumbar muscles. There is no documentation of any psychological symtpoms being experienced by her, that would justify the need for specialty referral. Thus, a request for Psychiatric Evaluation is not medically necessary.