

Case Number:	CM14-0071603		
Date Assigned:	07/16/2014	Date of Injury:	02/13/1998
Decision Date:	09/08/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/18/2014

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 and 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 68 year old male who was injured at work on February 13, 1998. The mechanism of injury is described as a fall backwards when he slipped walking up the stairs, landing on his left side. The injured worker suffered low back pain on a chronic basis as a result. He was diagnosed with multilevel lumbar disc degenerative disease with lumbar spinal stenosis. He has undergone treatment with physical therapy, chiropractic, acupuncture, spinal epidural injections, and analgesic medication. There are no documented mental health symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Psychologist/Psychiatrist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: MTUS guidelines recommend referral for specialist treatment when there are concerns that additional treatment might lie outside of the treating physician's area of expertise, in cases of delayed recovery, or where there is difficulty obtaining information or

agreement to a treatment plan. In individuals where there are documented significant mental health symptoms, a referral to a psychologist or psychiatrist would be appropriate. However, in this case, there is no documentation indicating that the injured worker has any mental health symptoms. There is no compelling rationale for a referral to a mental health specialist. Therefore, this request is not medically necessary.