

Case Number:	CM14-0071667		
Date Assigned:	07/16/2014	Date of Injury:	11/27/2001
Decision Date:	08/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/19/2014

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:

Injured worker is a 46 year old female with a date of injury of 11/27/2001. Date of the UR decision was 5/15/2014. Report dated 4/30/14 indicated that she presented with head, neck and left arm pain. She complained of insomnia and anxiety problems. The report documented that he had been off the pain medications for 2 weeks and was experiencing opiate withdrawal symptoms. She had been off the Cymbalta as well and was encouraged by the primary treating provider to restart it for the pain. The option of starting Suboxone was discussed with her during the evaluation. Request for authorization of Psychiatric evaluation and treatment was submitted on 4/30/14. Report dated 4/22/2014 suggested that she was prescribed Trazodone for sleep problems associated with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) referral for consult Psychiatry evaluation and treatment related to chronic neck pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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." The psychological symptoms being experienced by the injured working are some complaints of insomnia and anxiety problems related to chronic pain. It was suggested that he had been off the pain medications for 2 weeks and was experiencing opiate withdrawal symptoms. It appears that the injured worker has been tried on Cymbalta for chronic pain. The progress report from 4/30/14 does not provide any indication regarding any serious psychiatric symptoms that would warrant a specialist referral. Request for consult Psychiatry evaluation and treatment related to chronic neck pain is not medically necessary.