

Case Number:	CM14-0077548		
Date Assigned:	07/18/2014	Date of Injury:	06/20/2011
Decision Date:	08/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/27/2014

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:

The injured worker is a 31 year-old male with date of injury 06/20/2011. The medical documentation that was submitted with the request for authorization includes a primary treating physician's progress report, dated 04/09/2014, a list of subjective complaints, indicating pain in the neck and associated headaches. He also complains of anxiety and depression. Objective findings on examination of the cervical spine revealed tenderness to palpation over the cervical paraspinal musculature with spasms and tightness. Spurling's test was positive. Diagnoses include caphalalgia, cervical spine strain/sprain, and cervical disc herniation to C5-C6 with bilateral radiculopathy, insomnia, anxiety and depression. The medical records supplied for review show no other documentation regarding the patient's previous mental health.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial evaluation with treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychosocial Evaluation.

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

Decision rationale: It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. The previous utilization review decision authorized a consultation with a mental health specialist. There is no documentation from the mental health specialist, therefore this request is considered as not medically necessary.