

Case Number:	CM14-0198012		
Date Assigned:	12/08/2014	Date of Injury:	08/27/2013
Decision Date:	01/21/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/25/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 patient is a 45-year-old female who has submitted a claim for neck sprain, thoracic sprain/strain, and lumbar sprain/strain associated with an industrial injury date of August 27, 2013. Medical records from 2014 were reviewed. The patient complained of low back pain with radicular symptoms, as well as neck pain. The pain was rated 7/10 in severity aggravated by activity. She likewise complained of muscle spasm. She noted significant anxiety and distress secondary to chronic pain. The patient reportedly cries all the time. She denied hallucinations and suicidal thoughts. The patient is tearful but alert and oriented. Motor strength of lower extremity muscles was rated 5/5. Muscle spasm and guarding were noted at the lumbar spine. Treatment to date has included chiropractic care, home exercise program, Tramadol, Ibuprofen, Gabapentin, Naproxen, and Orphenadrine. The utilization review from November 10, 2014 denied the request for psychology consult and 12 follow-up visits with psychologist because of lack of documentation to support the diagnosis of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, the patient complained of low back pain with radicular symptoms, as well as neck pain. The pain was rated 7/10 in severity aggravated by activity. She noted significant anxiety and distress secondary to chronic pain. The patient reportedly cries all the time. She denied hallucinations and suicidal thoughts. The patient is tearful but alert and oriented. The medical necessity for a psychology consultation has been established given the patient's presentation of anxiety and depression. Therefore, the request for psychology consult is medically necessary.

12 follow up visits with psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient complained of low back pain with radicular symptoms, as well as neck pain. The pain was rated 7/10 in severity aggravated by activity. She noted significant anxiety and distress secondary to chronic pain. The patient reportedly cries all the time. She denied hallucinations and suicidal thoughts. The patient is tearful but alert and oriented. A simultaneous request for psychology consult has been deemed medically necessary. Succeeding office visits should depend on the initial evaluation, which is pending to date. There is no discussion concerning the need for certifying 12 follow-up visits at this time. Therefore, the request for 12 follow-up visits with psychologist is not medically necessary.