MAXIMUS Federal Services

Case Number:	CM14-0206937		
Date Assigned:	12/18/2014	Date of Injury:	03/25/2013
Decision Date:	02/12/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 51 year old employee with date of injury of 3/25/13. Medical records indicate the patient is undergoing treatment for a lumbar strain. Subjective complaints include back pain that radiates to right leg and foot. She rates her pain as 5/10. Her symptoms increase with bending, lifting, climbing, sitting, walking and standing. She has constant pain in the left knee, rated 2/10. The patient's symptoms are worse with walking and climbing. Objective findings include lumbosacral spine examination revealed normal lordosis and no tenderness. There was full range of motion. Judgment and insight were normal. Treatment has consisted of home exercise program, acupuncture and 6 physical therapy visits, ice, back brace and Ibuprofen. Activity status stated return to full work activity. The utilization review determination was rendered on 11/14/14 recommending non-certification of a Referral to psychiatrist for treatment, bilateral lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychiatrist for treatment, bilateral lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Chronic Pain Programs, Psychologic Evaluation and Office visits.

Decision rationale: Official Disability Guidelines (ODG) states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible". The patient is diagnosed with a lumbar strain. Medical documents note a normal lumbar exam with full range of motion, and that judgment and insight were normal. The treating physician does not detail psychiatric screening with a Beck's Depression score or similar screening tool for mood disorders. In addition, the treating physician has not detailed why this patient is in need of a Psychiatric referral. As such, the referral to psychiatrist for treatment, bilateral lumbar spine is not medically necessary.