

Case Number:	CM14-0214130		
Date Assigned:	01/07/2015	Date of Injury:	12/08/2001
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female with a date of injury of 12/08/2001. According to progress report dated 10/24/2014, the patient presents with chronic cervical and lumbar spine as well as swelling in the right knee. It was noted the patient was very emotionally distressed and anxious. She was observed to be crying a lot. The patient also complained of numbness and tingling in the right and lower extremity as well as radiating pain to the left lower extremity down to the foot. According to progress report dated 03/28/2014, patient presents with continued pain and states she has some relief of symptoms due to medications. Patient is temporarily totally disabled. The listed diagnoses are: 1. Plica syndrome and chondromalacia, right knee. 2. Cervical spine musculoligamentous strain. 3. Lumbosacral spine herniated disk. The current request is for 1 psychiatric consultation. The utilization review denied the request on 11/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychiatric Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 7, page 127, Consultation

Decision rationale: This patient presents with continued neck and low back pain with numbness and tingling and radiating pain extending down to the left lower extremity to the foot. The current request is for psychiatric consultation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Review of the medical file indicates the patient has had sleep issues as a result of pain and awakens at night continuously. More recently, the patient was noted to be very emotional, depressed, and anxious. The patient was observed crying a lot. In this case, the treating physician has some concerns regarding the patient's depressed and emotional state. A psychiatric consultation for further evaluation is within ACOEM Guidelines. The requested psychiatric consultation is medically necessary.