

Case Number:	CM15-0000509		
Date Assigned:	01/12/2015	Date of Injury:	10/04/2006
Decision Date:	04/01/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/02/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 56 year old woman sustained an industrial injury on 10/4/2006 to her back while shoveling onions. Current diagnoses include myofascial pain syndrome, lumbar radiculopathy, sacroiliac sprain/strain, lumbago, and greater trochanteric bursitis. Treatment has included oral medications, aquatic therapy, pain management counseling, and surgical interventions. Physician notes on a PR-2 dated 11/6/2014 show complaints of burning pain in the low back and bilateral legs. Recommendations include water physical therapy, pain counseling, limit Tramadol, start Lyrica, shower grab bar, consider acupuncture and functional rehabilitation program. On 12/12/2014, Utilization Review evaluated a prescription for psychiatrist consultation that was submitted on 1/2/2015. The UR physician noted the physician verbalized that a psychiatrist evaluation had been certified on 11/14/2012, further, this is a duplicate request and no second or subsequent request was being made. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST CONSULTATION 1X1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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" Upon review of the submitted documentation, it has been reported that the injured worker suffers from depression. However, there is no information regarding any treatment provided so far by the treating provider for the same. The chart also indicated that a Psychiatry referral was authorized on 11/14/2012; however there is no report available for that consultation. The request for Psychiatric Consultation x 1 is not medically necessary at this time.