

Case Number:	CM15-0137917		
Date Assigned:	07/27/2015	Date of Injury:	06/13/2013
Decision Date:	08/27/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/16/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 6/13/13. She reported injury to her lower back after lifting a heavy object. The injured worker was diagnosed as having major depression, anxiety, lumbar disc displacement without myelopathy, lumbar disc degeneration and brachial neuritis. Treatment to date has included physical therapy, acupuncture, chiropractic treatments, a TENs unit, Tylenol, Diclofenac and Cyclobenzaprine. As of the behavioral and psychological evaluation dated 4/21/15, the injured worker reports feeling anxious, depressed and having loss of interest in activities. The treating physician noted a score of 23 on the Beck depression inventory and her psychological stress is interfering with her ability to function. The treating physician requested a psychopharmacological evaluation for 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacological evaluation for 3 sessions: 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 2 General Approach to Initial Assessment and Documentation, Chapter 3 Initial Approaches to Treatment.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist 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 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing psychological complaints. However the request is for 3 sessions of evaluation. The continued need cannot be determined for that number of session and therefore the request is not medically necessary.