

Case Number:	CM15-0140475		
Date Assigned:	07/30/2015	Date of Injury:	11/05/2013
Decision Date:	09/01/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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
 Certification(s)/Specialty: Psychologist

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 34 year old male, who sustained an industrial injury on 11-5-13. The injured worker has complaints of low back pain that radiates to both legs with numbness and tingling right greater than left. The documentation noted decrease lumbar flexion about 50 degrees, extension about 10 degrees and lateral bending about 10 degrees. There is tenderness noted over the lower LS facet joints with LS paraspinal muscle spasm. The diagnoses have included back pain, lower; upper and lower extremity pain and lumbosacral, joint and ligament sprain and strain. Treatment to date has included acupuncture; Fenoprofen; gabapentin; home exercise program; transcutaneous electrical nerve stimulation unit and magnetic resonance imaging (MRI) on 8-24-14 showed L4-5 diffuse posterior annulus bulging disc osteophyte complex measuring 3-4 millimeter centrally and a right foraminal disc protrusion measuring 6.7 millimeter with severe foraminal stenosis and nerve compression against the pedicle. The request was for one psychiatric follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One psychiatric follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office visits. 13th Web Edition, 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychiatric evaluation with [REDACTED] on 5/28/15 and one follow-up session on 6/17/15. In the progress report dated 6/17/15, [REDACTED] stated, "I do not think he needs medication. I do not even think that he needs to follow-up." Despite these statements, [REDACTED] also stated, "I told the patient that he could have one termination visit in 1 month and a half to two months." The request under review is based on this latter statement and is for an additional psychiatric termination session. Despite [REDACTED] offering an additional visit to the injured worker in order to have a termination session, the injured worker only saw [REDACTED] for two sessions and was not being prescribed any medications. Based on the limited services received, a termination session is not necessary. As a result, the request for an additional psychiatric follow-up visit is not medically necessary.