

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0184327 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 05/15/2013 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 08/21/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain with derivative complaints of headaches reportedly associated with an industrial injury of May 15, 2013. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve requests for a psych consult. The claims administrator referenced an August 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On March 11, 2015, the applicant reported ongoing complaints of chronic neck pain with derivative complaints of headaches. The applicant also developed issues with frustration, it was reported. The treating provider suggested that the applicant consult a neuropsychiatrist to further evaluate said complaints. The applicant's work status was not explicitly stated, although it did not appear the applicant was working. On a pain management evaluation dated June 12, 2015, the applicant reported multifocal complaints of neck pain, low back pain, shoulder pain, and headaches with derivative complaints of poor concentration, sleep disturbance, anxiety, and depression. Multiple medications were prescribed, renewed, and/or continued, including Pamelor, Norco, and Neurontin. Cervical MRI imaging was sought. The applicant's work status was not explicitly detailed, although it did not appear the applicant was working. On August 4, 2015, the applicant was placed off of work, on total temporary disability. A psychiatry consultation was apparently endorsed through preprinted checkboxes to address issues with sleep disturbance, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

Decision rationale: Yes, the request for a psych consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM in Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose [mental health] symptoms persist beyond three months or become disabling. Here, the applicant was off of work, it was acknowledged on multiple office visits, referenced above, including on August 4, 2015. The applicant was described as several office visits made in late 2015 as having ongoing issues with sleep disturbance, anxiety, depression, difficulty concentrating, etc. Obtaining the added expertise of a mental health professional was, thus, indicated. Therefore, the request was medically necessary.