

Case Number:	CM15-0189157		
Date Assigned:	10/01/2015	Date of Injury:	02/26/2015
Decision Date:	11/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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: Emergency 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 injured worker is a 24 year old male, who sustained an industrial injury on 2-26-15. The injured worker is diagnosed with anxiety and stress, and chest pain. His work status is temporary total disability. Notes dated 6-30-15 - 8-7-15 reveals the injured worker presented with complaints of persistent, intermittent right front chest pain rated at 6 out of 10. The pain is aggravated by some positional changes and inhaling a deep breath, which can result in mild shortness of breath. He reports symptoms of anxiety, depression and insomnia. He reports worried thoughts regarding finances, ability to work and right middle and ring fingers amputation. He also reports tension type headaches. A physical examination dated 8-7-15 revealed chest tenderness over the right pectoralis muscle regions. There is tenderness over the right shoulder girdle with increased muscular tone in the right deltoid and trapezius. Treatment to date has included surgical amputation of right ring and middle fingers (2015), medications and physical therapy. A request for authorization dated 7-31-15 for 1 psychiatric consult for anxiety and stress (outpatient) is non-certified, per Utilization Review letter dated 8-25-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psych consult for anxiety and stress, as an outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Provider has documented that patient has complaints concerning anxiety and stress after hand injury. However, provider has failed to document any basic information stress complaints such as severity, frequency and basic assessment. There is no documentation of any attempt at basic conservative care. There is no documentation of an assessment or treatment by a psychologist. Provider has failed to document need for medication or more complicated treatment needing a psychiatrist. Not medically necessary.