

Case Number:	CM15-0189295		
Date Assigned:	10/01/2015	Date of Injury:	08/30/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
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, 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:

The injured worker is a 48 year old female, who sustained an industrial injury on 8-30-10. Medical records indicate that the injured worker is undergoing treatment for abdominal pain, acid reflux, diarrhea, anxiety, sleep disorder, orthopedic complaints (unspecified) and psychological complaints (unspecified). The injured workers current work status was not identified. The most current progress report (6-4-15) notes the injured worker complained of unchanged abdominal pain, unchanged acid reflux and unchanged diarrhea. Objective findings noted the injured worker to be alert and oriented, pleasant and cooperative. The abdomen was noted to be soft with normal bowel sounds. The treating physician recommended a psych consultation secondary to the injured workers anxiety. Documented treatment and evaluation to date has included medications and sleep studies. Current medications include Probiotics, Losartan, Eliquis, Clonidine and Trazadone. Current treatment request is for a psych consultation. The Utilization Review documentation dated 9-1-15 non-certified the request for a psych consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Upon review of the submitted documentation, it is gathered that the injured worker has been experiencing complaints of anxiety, sleep disorder, orthopedic complaints (unspecified) and psychological complaints (unspecified). There is no detailed information regarding the psychological symptoms and if they are related to the industrial trauma. The request for a psychological consultation is not medically necessary at this time.