

Case Number:	CM15-0205803		
Date Assigned:	10/22/2015	Date of Injury:	06/14/2015
Decision Date:	12/08/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 51 year old male, who sustained an industrial injury on June 14, 2015, incurring shoulder, neck, and low back injuries. He was diagnosed with lumbar degenerative disc disease and sprain, cervical degenerative disc disease, cervical radiculopathy, right shoulder sprain and thoracic sprain. Treatment included physical therapy, chiropractic sessions, anti-inflammatory drugs, pain medications, muscle relaxants, sleep aides, modified work duties and restricted activities. Currently, the injured worker complained of persistent back pain and decreased range of motion of the lumbar spine. He demonstrated functional deficits due to his injuries. He had severe pain with radicular symptoms of the cervical spine. He rated his pain 7 out of 10 on a pain scale from 0 to 10. He rated his shoulder pain 9 out of 10. His pain worsened with bending and twisting motions, sleeping, standing and sitting. He had weakness in the right arm and left leg. The injured worker reported significant anxiety, depression and sleep disturbances secondary to his industrial injuries. The treatment plan that was requested for authorization included a Psychiatric consultation. On October 1, 2015, a request for a psychiatric consultation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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

Decision rationale: Based on the review of the medical records, the injured worker has begun to experience some psychiatric symptoms related to depression and anxiety secondary to his work-related orthopedic injuries. In the PR-2 report dated 9/24/15, treating physician, [REDACTED], indicated that the "Patients work restrictions and increased pain have caused significant stress and anxiety for him. This anxiety has been causing him sleep disruption." [REDACTED] further noted, "I am following up on my request for a psychiatric consult, as depression secondary to work related injuries is outside of my area of expertise." Considering that the injured worker is experiencing psychiatric symptoms, which treatment of them is out of the scope of practice for the treating physician, the request for a psychiatric consult appears reasonable and is supported by the ACOEM. As a result, the request for a psychiatric consult with a psychiatrist is medically necessary.