MAXIMUS Federal Services

Case Number:	CM15-0209450		
Date Assigned:	10/28/2015	Date of Injury:	01/06/2010
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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 45 year old female who sustained an industrial injury on January 6, 2010. Medical records indicated that the injured worker was treated for status post lumbosacral spine and anterior cervical discectomy and fusion. Her medical diagnoses include cervical spine radiculopathy, cervical spine radiculitis, status post lumbar 4 to sacral 1 circumferential fusion, status post anterior cervical discectomy, left shoulder impingement and right carpal tunnel syndrome. In the provider notes dated from June 26, 2015 to September 25, 2015. The injured worker complained of low back pain with radiation into the right gluteal region, pain in both of her legs and neck pain with radiating shooting pain into right upper extremity, persistent right shoulder pain and burning in both wrists. She has chronic headaches that "she believes is associated" with her neck pain. The provider notes dated June 26, 2015 noted she has psychological difficulty due to being out of work and for significant family related stress. "The patient has been referred and I strongly support the need for psychiatric evaluation and treatment." I believe that psychological therapy may be important or better than would be psychiatric medication. The provider notes dated August 26, 2015 noted "she states that at this time she continues to feel increased anxiety and panic attacks and has not felt much improvement since her last reevaluation." On exam, the documentation stated she has guarding of the cervical spine. There are no focal motor deficits to the upper extremities. She has pain with range of motion of the lumbar spine. The treatment plan is medication refills, MRI of cervical and lumbar spine and steroid injection and evaluation and continue treatment with psychiatric care. A Request for Authorization was submitted for evaluations and treatment with psychiatric care, psychological evaluation and ongoing treatment. The Utilization Review dated October 23, 2015 non-certified evaluations and treatment with psychiatric care, psychological evaluation and ongoing treatment

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with psychiatric care: Upheld

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

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

Decision rationale: The requested Evaluation and treatment with psychiatric care, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has low back pain with radiation into the right gluteal region, pain in both of her legs and neck pain with radiating shooting pain into right upper extremity, persistent right shoulder pain and burning in both wrists. She has chronic headaches that "she believes is associated" with her neck pain. The provider notes dated June 26, 2015 noted she has psychological difficulty due to being out of work and for significant family related stress. "The patient has been referred and I strongly support the need for psychiatric evaluation and treatment." I believe that psychological therapy may be important or better than would be psychiatric medication. The provider notes dated August 26, 2015 noted "she states that at this time she continues to feel increased anxiety and panic attacks and has not felt much improvement since her last reevaluation." The treating physician has not documented functional improvement from previous psychological treatment, nor the duration or frequency of requested treatment. The criteria noted above not having been met, Evaluation and treatment with psychiatric care is not medically necessary.

Psychological evaluation and ongoing treatment: Upheld

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

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

Decision rationale: The requested Psychological evaluation and ongoing treatment, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." Chronic Pain

Medical Treatment Guidelines, Psychological Treatment, Pages 101-102, note that psychological treatment is "recommended for appropriately identified patients during the treatment for chronic pain." The injured worker has low back pain with radiation into the right gluteal region, pain in both of her legs and neck pain with radiating shooting pain into right upper extremity, persistent right shoulder pain and burning in both wrists. She has chronic headaches that "she believes is associated" with her neck pain. The provider notes dated June 26, 2015 noted she has psychological difficulty due to being out of work and for significant family related stress. "The patient has been referred and I strongly support the need for psychiatric evaluation and treatment." I believe that psychological therapy may be important or better than would be psychiatric medication. The provider notes dated August 26, 2015 noted "she states that at this time she continues to feel increased anxiety and panic attacks and has not felt much improvement since her last reevaluation." The treating physician has not documented functional improvement from previous psychological treatment, nor the duration or frequency of requested treatment. The criteria noted above not having been met, Psychological evaluation and ongoing treatment is not medically necessary.