

Case Number:	CM15-0022226		
Date Assigned:	02/11/2015	Date of Injury:	06/29/2006
Decision Date:	05/20/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/05/2015

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 58 year old female, who sustained an industrial injury on 6/29/06. The injured worker has complaints of myofascial pain. The diagnoses have included myofascial pain syndrome, cervical spine. Treatment to date has included medications; physical therapy; manipulation therapy; injections and extracorporeal shockwave therapy. The request was for referral to psychiatrist for psychotropic medication consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychiatrist for Psychotropic Medication Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6: Independent Medical Examinations and Consultations; Occupational Medicine Practice Guidelines, 2nd Edition, page 162.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is evident that the injured worker has been experiencing some psychological stress secondary to the industrial trauma. However, there is no detailed assessment of the psychological symptoms that would indicate the need for specialty referral. Thus, the request for Referral to Psychiatrist for Psychotropic Medication Consultation is not medically necessary.