

Case Number:	CM15-0028119		
Date Assigned:	02/20/2015	Date of Injury:	07/16/2007
Decision Date:	04/06/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/13/2015

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 42 year old male who sustained a work related injury on July 16, 2007, while working for a roofing company and falling nine feet to ground injuring his spinal cord. Treatment consisted of a lumbar spinal fusion, pain medications, surgeries and therapy. He was diagnosed with severe lumbar stenosis, lumbar spinal herniation, radiculopathy, rotator cuff tear, neuropathic pain and dysesthesias in the right lower extremity, back spasms, neurogenic bladder and depression. Currently, the injured worker complained of ongoing pain and depression secondary to his injuries. He had decreased motion in his neck and limited range of motion in his back and right shoulder. On February 24, 2015, a request for a consultation with a psychiatrist or psychologist regarding depression was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One consultation with psychiatrist or psychologist regarding depression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

Decision rationale: Based on the review of the medical records, the injured worker has been treating with psychiatrists, [REDACTED] and [REDACTED], as well as with psychologist, [REDACTED]. Because the injured worker is an established patient and has already been receiving both psychiatric and psychological services, a consultation with either the psychiatrist or psychologist is not warranted. As a result, the request for one consultation with psychiatrist or psychologist regarding depression is not medically necessary.