

Case Number:	CM15-0215437		
Date Assigned:	11/05/2015	Date of Injury:	03/14/2015
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of March 14, 2015. In a Utilization Review report dated October 2, 2015, the claims administrator failed to approve a request for psychiatry/psychology consultation. An August 10, 2015 office visit and an associated September 19, 2015 RFA form were referenced in the determination. The claims administrator did not seemingly incorporate any guidelines into its rationale but stated, toward the bottom of its note, that the decision was based on non-MTUS Chapter 7 ACOEM Guidelines which were, moreover, mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. On a handwritten note dated August 10, 2015, difficult to follow, not entirely legible, the applicant presented with issues with psychological stress and anxiety. The applicant was placed off of work, on total temporary disability. Ancillary complaints of shoulder, neck, and low back pain were reported. The applicant was asked to consult a psychiatrist to, among other things, ascertain the work-relatedness of the applicant's mental health allegations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 consultation for Psychiatric/ Psychology related to chronic pain as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Edition Chapter 7 Independent Medical Examinations and Consultations page 127.

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

Decision rationale: Yes, the request for a consultation with a psychiatrist or psychologist was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose [mental health] symptoms become disabling or persist beyond 3 months. Here, the applicant was off of work, it was reported on the August 6, 2015 office visit at issue. The applicant had seemingly been off of work for over 3 months, the treating provider suggested. Obtaining the added expertise of a mental health professional such as a psychiatrist or psychologist was, thus, indicated to formulate appropriate mental health treatment options and/or determine the work-relatedness of the applicant's allegations. Therefore, the request is medically necessary.