

Case Number:	CM15-0219943		
Date Assigned:	11/12/2015	Date of Injury:	12/30/2013
Decision Date:	12/23/2015	UR Denial Date:	10/27/2015
Priority:	Standard	Application Received:	11/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56 year old female, who sustained an industrial injury on 12-30-2013. She has reported injury to the neck and left hip. The diagnoses have included cervical spondylosis; osteoarthritis of left hip; carpal tunnel syndrome; status post right femur fracture; status post left rotator cuff injury; and chronic pain syndrome. The injured worker has a history of spinal cord injury, non-industrial. Treatment to date has included medications, diagnostics, physical therapy, and surgical intervention. Medications have included Wellbutrin, Abilify, Norco, Cymbalta, Voltaren Gel, Nortriptyline, and Neurontin. A progress report from the treating physician, dated 10-15-2015, documented a follow-up visit with the injured worker. The injured worker reported constant headache; pain in the right leg and hip, shoulder, and wrist; the severity of pain is rated at 8 out of 10 in intensity with medication; the severity of pain is rated 10 out of 10 in intensity without medication; the pain is described as dull, numb, pins and needles, and tingling; the pain is aggravated by everything; the pain is improved by lying down and position change; the pain radiates up to the neck; loss of taste and smell; and depression. Objective findings included the gait is abnormal; able to walk on heel and toes; cervical spine range of motion is normal; there is tenderness to palpation over the right supraspinatus tendon; there is pain with range of motion testing of the bilateral hips; and the interpretation of the depression screening is noted as "severe depression". The treatment plan has included the request for psychiatry consult; clear assessment Battery PHQ-9-COMM-SHQ-BPI; and behavioral health times 6. The original utilization review, dated 10-27-2015, non-certified the request for psychiatry consult; clear assessment Battery PHQ-9-COMM-SHQ-BPI; and modified the request for behavioral health times 6, to allow 1 behavioral health session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consult: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: This 56 year old female has complained of neck pain, left hip pain and wrist pain since date of injury 12/30/2013. She has been treated with surgery, physical therapy and medications. The current request is for psychiatry consultation. There is inadequate documentation in the available medical records regarding patient symptomatology as well as provider rationale for obtaining a psychiatry consultation. On the basis of the available medical records and per the guidelines cited above, psychiatry consultation is not indicated as medically necessary.

Clear assessment Battery PHQ-9/COMM/SHQ/BPI: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This 56 year old female has complained of neck pain, left hip pain and wrist pain since date of injury 12/30/2013. She has been treated with surgery, physical therapy and medications. The current request is for clear assessment battery PHQ-9/COMM/SHQ/BPI. There is inadequate documentation in the available medical records regarding patient symptomatology as well as provider rationale for obtaining a clear assessment battery PHQ-9/COMM/SHQ/BPI. On the basis of the available medical records and per the guidelines cited above, clear assessment battery PHQ-9/COMM/SHQ/BPI is not indicated as medically necessary.

Behavioral health times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: This 56 year old female has complained of neck pain, left hip pain and wrist pain since date of injury 12/30/2013. She has been treated with surgery, physical therapy and medications. The current request is for behavioral health x 6. There is inadequate documentation in the available medical records regarding patient symptomatology as well as provider rationale for obtaining behavioral health x 6. On the basis of the available medical records and per the guidelines cited above, behavioral health x 6 is not indicated as medically necessary.