

Case Number:	CM15-0032333		
Date Assigned:	02/25/2015	Date of Injury:	10/13/2014
Decision Date:	04/14/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/20/2015

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 56 year old male, who sustained an industrial injury on October 13, 2014. He reported lower back pain that radiated to the right lower extremity, right foot numbness and tingling, and right hip pain. His diagnoses include a history of complaint of stress, depression, and anxiety stemming from chronic pain and physical limitations. The medical records provided did not include any treatment for depression, anxiety, and stress. On December 8, 2014, his treating physician reports neck pain with radiation to the left upper extremity, bilateral shoulder pain - greater on the left than the right, mid and lower back pain with radiation to the right lower extremity, bilateral elbow/forearm/wrist/hand pain with numbness and tingling, right hip pain, right knee pain, right foot and ankle pain, and a history of complaint of stress, depression, and anxiety stemming from chronic pain and physical limitations. The review of systems revealed depression, anxiety, and stress. The treatment plan includes a psychiatric evaluation. On January 29, 2015 Utilization Review non-certified a request for a psychiatric evaluation, noting the lack of documentation symptoms of depression, anxiety, or irritability, and the lack of clear rationale for the medical necessity of a psychiatric evaluation. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 suggested that the injured worker suffers chronic pain and stress, depression, and anxiety stemming from chronic pain and physical limitations. The request for Psychiatric Consultation is not medically necessary and will respectfully disagree with UR physician's decision.