

Case Number:	CM15-0038555		
Date Assigned:	03/05/2015	Date of Injury:	12/04/2013
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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:

This 55 year old female sustained an industrial injury on 12/4/13. She subsequently reports ongoing back and right shoulder pain. Diagnoses include cervical spine musculoligamentous sprain with right upper extremity radiculopathy, right shoulder tendonitis and right wrist tendonitis with possible carpal tunnel syndrome. Diagnostic testing has included an MRI. Treatments to date have included modified work duty and prescription pain medications. On 2/18/15, Utilization Review non-certified a request for a Psychiatric consultation.

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 Psychological treatment Page(s): 101-102.

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 ascertained that the injured worker suffers from chronic pain and symptoms of depression and anxiety. However, there is no detailed assessment of these symptoms or any documentation regarding attempts made by the primary treating provider to treat the same. Thus, the request for Psychiatric Consultation is not medically necessary at this time.