

Case Number:	CM15-0041536		
Date Assigned:	03/11/2015	Date of Injury:	09/05/2013
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury on 09/05/2013. The initial complaints included low back pain, left leg pain and fractured ribs. Treatment to date has included diagnostics, physical therapy, acupuncture, lumbar injections and medications. Diagnosis was left lumbar radiculitis and lumbar facet arthropathy. He presented on 11/07/2014 with complaints of getting more depressed and anxious with the progression of his case. He felt he would benefit from psychological consult to work on cognitive behavior therapy, imagery and relaxation techniques. Progress report dated 12/05/2014 notes the injured worker had an episode of anxiety and panic attack and was treated in the emergency room. He was not on any active therapy. The provider requested authorization for psychiatric consult for testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation for testing: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 100.

Decision rationale: The CA MTUS does recommend initial psychological evaluation to evaluate and assess any comorbid conditions that might affect management of chronic pain. The request in this case is for psychological consultation because of an emotional component of the claimant's chronic pain management and because of anxiety symptoms severe enough to prompt an Emergency Department evaluation, which has not yet been addressed through psychiatric assessment. Psychiatric consultation is medically indicated.