

Case Number:	CM15-0043301		
Date Assigned:	03/13/2015	Date of Injury:	01/12/1996
Decision Date:	05/01/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
 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 54-year-old male, who sustained an industrial injury on 12/31/95. He reported anxiety, tension, irritability, depression, insomnia, and low energy levels. The injured worker was diagnosed as having depressive disorder. Treatment to date has included medications and psychotherapy. A computed tomography scan of the chest obtained on 1/7/15, due to shortness of breath, revealed diffuse nodule with areas of scarring in the upper lobes consistent with reported history of beryllium related lung disease. Calcified mediastinal and hilar lymph nodes were also noted. Currently, the injured worker complains of anxiety and depression. A physician's note stated the injured worker was mentally better with a very good response to treatment. The treating physician requested authorization for a consultation with an occupational health specialist. No specific rationale was provided in the documentation for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with Occupational Health Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for an occupational health consultation. There is no clear documented clinical rationale for why the injured worker is being referred to occupational health at this time. According to the clinical documentation provided and current MTUS guidelines; an occupational health consultation is not indicated as a medical necessity to the patient at this time. Therefore, this is not medically necessary.