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| Case Number: | CM15-0044501 | | |
| Date Assigned: | 03/16/2015 | Date of Injury: | 08/22/2014 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/20/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: 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 32 year old male, who sustained a work related injury on 8/22/14. He injured his lower back by bending down and picking up a dog. The diagnosis has included anxiety. Treatments to date have included pain related medications and modified work duty. In the PR-2 dated 1/5/15, the injured worker states he spoke to psychiatrist over the phone and states the doctor will no longer order "po meds" until the injured worker checks himself into rehab for drinking problem. He states the "psychiatrist states does not approve." The treatment plan is refer to "lawyer has been looking to get new psychiatrist." The psychiatrist consultation is the requested treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation for Anxiety, Psyche: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, Clinical Topics: ACOEM Chapter 6 - Independent Medical Examinations and Consultations (page 127, 156); Official Disability Guidelines (ODG) - Pain chapter - Office visits.

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." The injured worker has been diagnosed with Anxiety and Post Traumatic Stress Disorder. It has been indicated that the injured worker was experiencing problems sleeping per report dated 2/3/2015. Per report dated 1/5/2015, the injured worker was continuing to experience problems related to alcohol abuse and was told by the Psychiatrist to check into a rehab. The injured worker has an established relationship with his Psychiatrist and the request for another Psychiatry consultation for Anxiety, Psyche is excessive and not medically necessary.