

Case Number:	CM15-0045063		
Date Assigned:	03/16/2015	Date of Injury:	03/11/2013
Decision Date:	04/17/2015	UR Denial Date:	02/26/2015
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female who sustained an industrial injury on 3/11/13. The injured worker reported symptoms in the back with radiation to the lower extremities. The injured worker was diagnosed as having lumbar degenerative disc disease with radiculopathy, lumbar myospasms, lumbar herniated nucleus pulposus and trochanteric bursitis left hip. Treatments to date have included heat application and oral medications. Currently, the injured worker complains of pain in the back with radiation to the lower extremities. The plan of care was for transforaminal lumbar epidural steroid injection and a follow up appointment at a later date. A progress report dated February 6, 2015 indicates that the patient denies depression but has been depressed in the past and is not currently seeing a psychiatrist. The note also indicates that the patient has a primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits.

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring the determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, and there is no indication that the patient is complaining of any psychiatric disturbances. Nor is there any indication of the patient is currently taking psychiatric medication. It is unclear why the patient's primary physician would be unable to address any psychiatric issues if they do exist. Therefore, it is unclear why psychiatric specialist attention would be needed at the current time. In the absence of clarity regarding those issues, the currently requested psychiatric follow-up is not medically necessary.