

Case Number:	CM15-0058411		
Date Assigned:	04/03/2015	Date of Injury:	03/13/2014
Decision Date:	05/06/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 59-year-old who has filed a claim for chronic neck, low back, and mid back pain reportedly associated with an industrial injury of March 13, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for a psychopharmacological management referral. A RFA form dated February 27, 2015 was referenced in the determination, along with a progress note dated February 24, 2015. Non-MTUS Chapter 7 ACOEM Guidelines were referenced in the determination and, furthermore, mislabeled as originating from the MTUS. In a handwritten Doctors First Report (DFR), quite difficult to follow, not entirely legible, seemingly dated November 24, 2014, the applicant reported ongoing issues with psychological stress at work with associated symptoms of blurry vision and photophobia. The applicant also had issues with chronic pain. A psychiatric evaluation and ophthalmology evaluation were recommended. The applicant was seemingly kept off work. In separate narrative report dated November 20, 2014, the treating provider encouraged the applicant to file a separate claim for psychiatric stress. MRI imaging of the brain dated February 16, 2015 was read as negative for any intracranial pathology. The remainder of the file was surveyed. It did not appear that the February 24, 2015 progress note made available to the claims administrator was incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho-pharmacologic management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 388.

Decision rationale: Yes, the proposed psychopharmacological management referral was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, if an applicant's mental health symptoms become disabling or persist beyond three months, referral to a mental health professional is indicated. Here, the applicant has had mental health symptoms reported for several months, beginning on November 25, 2014. Obtain the added expertise of a psychiatrist to determine the extent of the applicant's mental health issues and formulate an appropriate treatment plan for the same, thus, was indicated. Therefore, the request was medically necessary.