

Case Number:	CM15-0058511		
Date Assigned:	04/03/2015	Date of Injury:	03/26/2007
Decision Date:	05/08/2015	UR Denial Date:	02/27/2015
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, California
 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:

This is a 30 year old female patient who sustained an industrial injury on 3/26/2007 to her back while lifting a box. The worker was not able to work for 14 months and feels that she subsequently became depressed in May of 2008. Diagnoses include pain disorder associated with both psychological factors and a general medical condition and late onset dysthymic disorder. Per the doctor's note dated 4/8/2015, she had complaints of low back pain. Physical examination revealed 4+/5 strength in left foot, decreased sensation in L5 and S1 dermatomes, pain with rotational extension indicative of facet capsular tear and triggering. Per the doctor's note dated 2/19/15, she had depressed mood. Physical examination revealed anxious and depressed mood, constricted affect. The medications list includes cymbalta, flexeril, norco, vertioxetine, trazodone and seroquel. The agreed medical re-evaluation dated 11/18/2014 show complaints of back pain rated 8/10. Recommendations include 12 sessions of behavioral psychotherapy and ongoing psychopharmacologic management and re-evaluate after these sessions are completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consult 12 visits once a month for 12 month: 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, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The patient had psychological symptoms. There are psychosocial factors present. A referral to a psychiatrist is medically appropriate and necessary. However the rationale for the request of 12 consultations over 1 year, requested at a time, without knowing the response to the prescribed psychiatric treatment, is not specified in the records provided. The medical necessity of Psychiatry consult 12 visits once a month for 12 month, as requested, is not fully established for this patient.