

Case Number:	CM14-0119749		
Date Assigned:	09/16/2014	Date of Injury:	03/27/2012
Decision Date:	11/03/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old female whose date of injury is 03/27/2012, the nature of which is unknown. Her diagnoses are sprain/strain of the lumbar region, concussion, cervicgia, and headache. Treatments rendered to date are unknown based on what records were provided for review. A PR2 of 03/24/14 shows her to be alert and responsive with no negative effect of meds noted and areas of pain and tenderness remain the same. The medications were not listed. She had not had treatments to the neck, back, or shoulder. She had low back pain with radicular symptoms. There was a request dated 06/05/14 for authorization of a psychiatry re-eval and another procedure which is unreadable. No PR2 was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry Consult/Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent medical examinations & consultations, page(s) 127-146.

Decision rationale: No documentation was provided to support the necessity for a psychiatry consultation/ evaluation. There were no reports of any symptoms, subjective complaints, scales administered, objective observations, or anything at all relating to any mental health issues. There was an overall paucity of any data whatsoever submitted for review. This request is therefore noncertified. MTUS does not reference psychiatry consultation/evaluations, ACOEM guidelines apply. Per ACOEM, the 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. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Therefore, the request is not medically necessary.