

Case Number:	CM14-0121442		
Date Assigned:	08/06/2014	Date of Injury:	01/05/2011
Decision Date:	10/08/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/01/2014

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 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:

Injured worker is a 59-year old male with date of injury 1/5/2011. Date of the UR decision was 7/28/2014. Report dated 4/11/2014 indicated that the injured worker presented with neck pain radiating down to both arms. It was suggested that the pain level had increased compared to the last visit, the quality of sleep was poor and activity level had decreased. It was suggested that prior cervical epidural steroid injection was ineffective and that he was being prescribed Norco. Objective findings of the injured worker per that report listed that he appeared to be mildly depressed, in moderate pain and frustrated. He was diagnosed with cervical pain, Cervical Radiculopathy, Cervical disc disorder and shoulder pain. It was indicated that Psychiatrist consult was pending for depressed mood. Medications prescribed for him at that visit were Conzip 100 mg daily, Norco 5/315 daily as needed for pain, Neurontin was increased from 400 mg to 600 mg three times daily for nerve pain, Docusate sodium and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with a psychiatrist.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Specialty referral, 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" Reviewed records do not suggest that any detailed assessment of the symptoms of depression or any attempt to treat the depression has been made by the primary treating physician. The injured worker has undergone some Psychotherapy treatment for behavioral treatment of chronic pain. Psychiatry referral is not medically indicated at this time. Thus, the request for consult with a Psychiatrist is not medically necessary.