

Case Number:	CM14-0125807		
Date Assigned:	08/15/2014	Date of Injury:	12/16/2002
Decision Date:	10/27/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/06/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 12/16/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his knee. The injured worker's treatment history included medications, psychological support, and surgical intervention in 10/2009. The injured worker was evaluated on 06/23/2014. It was documented that the injured worker had ongoing knee pain, and had missed several medical appointments secondary to transportation and anxiety issues. It is documented that the injured worker was seeing a psychologist. The injured worker's diagnoses included knee injury, myofascial pain, sleep apnea, and poor coping mechanisms. The injured worker's treatment plan included continued medication usage to include tramadol, omeprazole, and Lidopro cream, and a psychiatrist evaluation. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 6/12/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological evaluations Page(s): 100.

Decision rationale: The requested Psychiatrist evaluation is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends psychiatric evaluation for injured workers who are at risk for delayed recovery due to anxiety and depression related to chronic pain. The clinical documentation submitted for review does indicate that the injured worker is seeing a psychologist to manage symptoms of anxiety. The clinical documentation does not provide any discussion of the effectiveness of the current treatment. There is no justification to provide a psychiatric evaluation based on the current documentation. As such, the requested Psychiatrist evaluation is not medically necessary or appropriate.