

Case Number:	CM14-0125908		
Date Assigned:	09/24/2014	Date of Injury:	08/27/2013
Decision Date:	10/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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 46 year old male with date of injury 8/27/2013. Date of the UR decision was 7/24/2014. Report dated 7/14/2014 suggested that the injured worker presented with neck pain, paresthesia in both upper extremities and occasional numbness in lower legs and feet, especially right great toe. He was diagnosed with cervical spondylosis with cervical myeloradiculopathy with bilateral spinal cord and nerve root decompression, cervical stenosis at C 5-6, C 6-7. His pain level was reported as 4/10. It was documented that he had been sleeping poorly and was very anxious due to financial hardship that was placed on the family secondary to his industrial injury. He was prescribed Amitriptyline 25-50 mg at bedtime for pain. Referral to counseling was recommended to deal with the counseling per the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up appointment with specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions 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" The injured worker was experiencing neck pain, paresthesia in both upper extremities and occasional numbness in lower legs and feet, especially right great toe. Report dated 7/24/2014 documented that he had been sleeping poorly and was very anxious due to financial hardship that was placed on the family secondary to his industrial injury. He was prescribed Amitriptyline 25-50 mg at bedtime for pain. Referral to counseling was recommended to deal with the counseling per the report. The request for follow up appointment with specialist is not medically necessary at this time as the documentation does not list any significant psychopathology that would warrant need to follow up with a specialist.