

Case Number:	CM14-0146983		
Date Assigned:	09/12/2014	Date of Injury:	04/21/2011
Decision Date:	10/15/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The injured worker is a 55 year old female with date of injury 04/21/2011. The date of the UR decision was 09/08/2014. She has been diagnosed with lumbar sprain/strain, lumbosacral or thoracic neuritis, and myofascial pain. Pain management physician's report dated 8/27/2014 suggested that the injured worker presented with low back pain with radiation to lower extremity and had a pain level of 4. It was documented that she was status post lumbar fusion on 4/11/2014. It was stated that her gastric issues were improving with diet changes and omeprazole. The report documented that she was suffering from sleep issues but the nature of sleep issues was not described. The treatment plan documented that she did not want to start sleep medication at that time secondary to gastric issues. She was continued on Methoderm cream for topical analgesic, Omeprazole, fenoprofen and Tramadol as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist medication evaluation and follow up for sleep issues: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) for Independent Medical Examiners and Consultations regarding Referrals, Chapter 7; Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The ACOEM Guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." The report dated 8/27/2014 documented that the injured worker was experiencing sleep issues but the nature of sleep issues was not described. The treatment plan documented that she did not want to start sleep medication at that time secondary to gastric issues. The request for Psychiatrist medication evaluation and follow up for sleep issues is not medically necessary at this time. A specialty referral is not indicated based on a lack of any detail of the nature of the sleep medications, treatment modalities that have been tried so far for the same etc.