

Case Number:	CM14-0158094		
Date Assigned:	10/06/2014	Date of Injury:	12/12/2005
Decision Date:	11/06/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/26/2014

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 56 year old male with date of injury 12/12/2005. Date of the UR decision was 09/10/2014. Report dated 9/17/2014 stated that the injured worker reported pain level of 6/10 in left lower extremity, numbness, tingling and weakness. He was diagnosed with L4-S1 disc protrusion with nerve compression. Contributing diagnosis were listed as generalized anxiety disorder, post traumatic stress disorder and male hypoactive sexual drive disorder. He was being prescribed Naproxen and Norco. There is no detail available regarding the psychological symptoms that he has been experiencing, durations of the symptoms, any treatment that has been tried so far. Report dated 8/27/2014 requested authorization for Psychiatry/Psychology evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric - Psychology Eval & Treat: Upheld

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

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 comorbidities". Reviewed records do not suggest that any detailed assessment of any psychological symptoms being experienced by the injured worker. The request for Psychiatric - Psychology Eval & Treat is not medically necessary at this time.