MAXIMUS Federal Services

Case Number:	CM13-0009159		
Date Assigned:	11/08/2013	Date of Injury:	06/07/2001
Decision Date:	04/07/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/09/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old female who reported an injury on 06/07/2001 due to an unspecified mechanism of injury. On 03/11/2014, she presented for a follow-up evaluation regarding her work related injury. She complained of pain between the shoulder blades, pain in the low back, and numbness into the left leg. A physical examination showed a straight leg raise that was positive on the left and negative on the right. Strength was a 5/5 at both lower extremities with the exception of the left ankle dorsiflexors which were graded at 4/5. Reflexes were at 2+ and symmetrical in the quadriceps and gastroileus and she ambulated independently without any assistive device with a slightly antalgic gait. She was diagnosed with thoracic pain, low back pain, lumbar radiculitis, and postlaminectomy syndrome and chronic pain syndrome. The treatment plan was for a psychiatric consultation. The rationale for the treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRY CONSULTATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines indicate that a psychological consultation should be performed when there is evidence of depression, anxiety, or irritability. The documentation provided does not show that the injured worker is showing any signs of depression, anxiety, or irritability to support the request. Without a clear rationale for the medical necessity of the request, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.