

Case Number:	CM14-0107034		
Date Assigned:	08/01/2014	Date of Injury:	09/23/2010
Decision Date:	04/17/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/10/2014

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. 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, Maryland
Certification(s)/Specialty: Psychiatry

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 42 year old female, who sustained an industrial injury on 9/23/2010. The current diagnoses are lumbosacral spine disc protrusion, sleep disturbance secondary to pain, and depression. Currently, the injured worker complains of low back pain. The pain is rated 4/10 on a subjective pain scale. Current medications are Tramadol and Fluriflex. The physical examination of the lumbar spine reveals grade 2 tenderness to palpation over the paraspinal muscles. There is restricted range of motion. The treating physician is requesting re-evaluation with psychiatrist, which is now under review. On 6/11/2014, Utilization Review had non-certified a request for re-evaluation with psychiatrist. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation with Psychiatrist [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

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." Upon review of the submitted documentation, it is indicated that the injured worker has completed a Psychiatric consultation however, the report is unavailable. The most recent progress report from the primary provider is dated 5/6/2014 and there is no available report regarding psychological symptoms since then for which another Psychological consultation would be clinically indicated. Thus, the request for Re-evaluation with Psychiatrist [REDACTED] is not medically necessary at this time.