MAXIMUS Federal Services

Case Number:	CM15-0119935		
Date Assigned:	06/30/2015	Date of Injury:	05/24/2012
Decision Date:	07/29/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 41 year old female who reported an industrial injury on 5/24/2012. Her diagnoses, and/or impressions, are noted to include: lumbar musculoligamentous injury; dorsal lumbosacral strain and sprain, rule-out herniated nucleus pulposus; lumbar muscle spasms; cervical and thoracic strain - resolved; and loss of sleep with psych component. Recent magnetic imaging studies of the lumbar spine were said to be done on 4/24/2015. Her treatments have included consultations; chiropractic treatments; medication management with toxicology screenings; a home exercise program; and rest from work. The progress notes of 4/22/2015 reported of intermittent, moderate low back pain causing loss of sleep; and depression. Objective findings were noted to include tenderness of the lumbar para-vertebral muscles and bilateral sacroiliac joints; lumbar para-vertebral muscle spasms; and positive Kemps, straight leg raise and Valsalva's, all causing pain. The physician's requests for treatments were noted to include a Psych follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up with Psych: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Follow up with pysch is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment The documentation indicates that the patient has had a psychological initial consultation on 5/12/15 the request is not clear on whether follow up with psych is for a psychiatry follow up or for psychological therapy. Furthermore, the request is not clear on a specified number of visits. Without a clarification, this request is not medically necessary.