

Case Number:	CM15-0122697		
Date Assigned:	07/06/2015	Date of Injury:	02/25/2014
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on February 25, 2014, incurred low back injuries after pushing a heavy ramp into a truck. He was diagnosed with lumbar disc disease and lumbar spine radiculitis. Treatment included epidural steroid injection, with temporary relief, and physical therapy with better relief, back brace, pain medications and modified work duties. Currently, the injured worker complained of frequent aching low back pain radiating across his waist and down into his legs. The pain was increased with walking, bending, twisting, stooping, pushing, pulling and lifting. He noted stiffness in the lower back and difficulty changing position from a sitting position. He noted weakness, numbness and tingling in the legs. The treatment plan that was requested for authorization included an evaluation with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, page 127.

Decision rationale: Pursuant to the ACOEM, evaluation with psychiatrist is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are possible lumbar discogenic pain; possible bilateral lumbar facet pain L4-L5 and L5-S1; possible lumbar sprain strain; bilateral lumbosacral radicular pain L5-S1 right greater than left; and stress syndrome (anxiety, depression, insomnia). The date of injury is February 24, 2014. The request for authorization is dated June 4, 2015. According to the documentation in the March 20, 2015 progress note, an additional assessment appears in the medical record stating stress syndrome (depression, anxiety, insomnia). There were no subjective complaints of depression or anxiety documented in the medical record. In a May 7, 2014 progress note, the treating provider states the injured worker's pain is resulting in emotional, financial and work related problems. The injured worker is not taking any psychiatric medications. Psychology intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles and addressing comorbid mood disorders such as depression, anxiety, panic disorder, etc. A psychological consultation is appropriate at this time. Consequently, absent clinical documentation supporting a psychiatric condition, evaluation with psychiatrist is not medically necessary.