

Case Number:	CM15-0145588		
Date Assigned:	08/06/2015	Date of Injury:	03/30/2013
Decision Date:	10/02/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/27/2015

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, 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 50-year-old male, who sustained an industrial injury on 3-30-2013. He reported pain in his neck, shoulders, back and left knee due to a motor vehicle accident. Diagnoses have included fibromyalgia, internal derangement of knee, lumbar disc displacement and adjustment disorder due to chronic pain with mixed anxiety and depressed mood. Treatment to date has included left knee injections. According to the supplemental report dated 6-17-2015, the injured worker complained of intractable low back pain with radiating symptoms, right greater than left. Physical exam revealed an antalgic gait. The injured worker appeared to be in discomfort. Lumbar spine range of motion was limited. The injured worker was noted to be pending initial pain psychological evaluation. Authorization was requested for a psychosocial medication consultation within state fund's medical provider network (MPN).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial medication consultation within state fund's MPN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychosocial medication consultation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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." The injured worker suffers from pain in neck, shoulders, back and left knee due to a motor vehicle accident and he developed adjustment disorder due to chronic pain with mixed anxiety and depressed mood secondary to the same. The request for psychosocial medication consultation within state fund's MPN is medically necessary for further evaluation and treatment of the symptoms.