

Case Number:	CM15-0173405		
Date Assigned:	09/15/2015	Date of Injury:	06/10/2015
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/03/2015

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 35 year old female, who sustained an industrial injury on 6-10-15. Medical record indicated the injured worker is undergoing treatment for thoracic spine strain, posttraumatic stress disorder, right elbow contusion, neck sprain, lumbar spine sprain and right hip sprain. Treatment to date has included psychotherapy, acupuncture, chiropractic therapy, physical therapy and oral Relafen, Trazodone, Baclofen, Norco and Prozac and activity modifications. Medical records were reviewed from dates of service 6-29-15, 7-2-15, 7-23-15, 8-4-15, 8-17-15, 8-28-15 and currently on 8-25-15, the injured worker reports she has been crying all morning, neck pain with stiffness, lower back pain and lateral right elbow and forearm pain with tingling sensation in right upper extremity. Work status is modified duty. Physical exam performed on 8-25-15 revealed moderate distress, depressed mood, crying, diffuse tenderness of neck, extensor muscle tenderness to palpation of right forearm and tenderness to palpation over the lateral epicondyle. On 8-4-15, the treatment plan included request for authorization of consultation and possible treatment with a psychiatrist. On 9-2-15, utilization review non-certified a request for possible treatment with a psychiatrist noting there is no documentation to indicate a psychological illness that would require specialist treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

With option to treat (possible treatment with a psychiatrist) duration and frequency is unknown: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127 Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/ Office visits.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, 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, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from health care system through self care as soon as clinically feasible." Upon review of the submitted documentation, the injured worker suffers from physical as well as psychological injury secondary to the industrial trauma. She has been diagnosed with Post Traumatic Stress Disorder and has been prescribed Prozac 20 mg daily. The request for "With option to treat (possible treatment with a psychiatrist) duration and frequency is unknown," does not specify the number of visits being requested and thus is not medically necessary at this time.