

Case Number:	CM15-0062731		
Date Assigned:	04/08/2015	Date of Injury:	01/04/2011
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 47 year old female, who sustained an industrial injury on 01/04/2011. She reported immediate stabbing lower back pain secondary to jarring motion of a vehicle she was operating which worsened while she manually operated a lift, with pain spreading to the left pelvis region. She was diagnosed with severe facet degenerative changes of the lower spine, left sacroiliitis, mild osteoarthropathic hip pain, and rule out pelvic pathology. Treatments to date have included conservative measure, electrical nerve stimulation, and pain medications. She received a comprehensive psychological evaluation on 01/28/14 and was diagnosed with adjustment disorder with depressed mood. It was felt that a course of psychotherapy would be beneficial. In a progress note of 02/12/2015 the treating physician reports complaints of low back pain with left lower extremity symptoms of pain rating 7/10 and sacroiliac pain of 5/10. A psychiatric follow up to address reactive depression was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up psychiatric consultation per 02/12/15 order quantity 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines 2nd Ed (2004), Independent Medical Examinations & Consultations Ch 7, p. 127-146: the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business or insurer, a limited examinee-physician relationship should be considered to exist. A referral may be for: Consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient.

Decision rationale: There are no subjective or objective signs or symptoms, and no psychosocial factors reported to warrant a psychiatric consultation. The patient is not receiving psychotherapy or any psychotropic medications at this time. This request is therefore not medically necessary.