

Case Number:	CM15-0066389		
Date Assigned:	04/14/2015	Date of Injury:	10/05/2011
Decision Date:	05/19/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/07/2015

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 54 year old female, who sustained an industrial injury on 10/5/11. Many of the medical reports submitted for review are difficult to decipher. She reported left hand pain. The injured worker was diagnosed as having mononeuritis of upper limb, tear of medial cartilage, pain in joint and depressive disorder. Treatment to date has included acupuncture and medications. Currently, the injured worker complains of right knee pain, right arm pain, right hand pain, and right wrist pain. Stress, anxiety, depression, nervousness, easy to anger, and irritation were also noted. The treating physician requested authorization for a psych consult referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych consult referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Per report dated 2/5/2015, the injured worker has presented with subjective complaints of fatigue and insomnia. She has been given diagnosis of 311 i.e. Depressive disorder not otherwise specified, however there is no detailed documentation of the psychological symptoms that the injured worker has been experiencing or any attempts made by the primary treating provider to treat the same. Per ACOEM guidelines page 398 "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities". There is no indication of any significant psychopathology in this case that would warrant the need for a specialty referral. Thus, the request for Psych consult referral is excessive and not medically necessary.