MAXIMUS Federal Services

Case Number:	CM15-0069047		
Date Assigned:	04/16/2015	Date of Injury:	12/10/2008
Decision Date:	05/15/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/10/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 12/10/2008. The initial complaints or symptoms included right upper extremity pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRIs, psychological evaluation, right shoulder surgery, conservative therapies, epidural steroid injections, nerve blocks, and biofeedback. Currently, the injured worker complains of increased severe neck and right shoulder pain with radiating symptoms to the face and low back, and poor sleeping quality. The injured worker was reported to not be taking any oral medications for symptoms, but Terocin patches were being utilized. The diagnoses include brachial neuritis or radiculitis, cervical disc displacement without myelopathy, cervical disc degeneration, and chronic pain syndrome. The injured worker's recent psychological/behavioral evaluation revealed no significant abnormal findings or suicidal ideations. The treatment plan consisted of 3 psychiatrist evaluations, second opinion regarding surgical intervention, and follow-up. A psychological evaluation dated February 24, 2015 identifies significant depression, anxiety, and sleeping issues. The treatment recommendations include a psychiatric evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist evaluation times 3: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for Psychiatrist evaluation times 3, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it is clear the patient has depression, anxiety, and sleep disturbance symptoms. However, it is unclear why 3 psychiatric evaluations would be needed. One may be necessary, but unfortunately, there is no provision to modify the current request. As such, the currently requested Psychiatrist evaluation times 3 is not medically necessary.