MAXIMUS Federal Services

Case Number:	CM15-0070615		
Date Assigned:	04/20/2015	Date of Injury:	10/22/2012
Decision Date:	05/19/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 31-year-old male, who sustained an industrial injury on 10/22/12. He reported pain in his lower back that radiates to the bilateral lower extremities. The injured worker was diagnosed as having lumbar sprain, lumbar radiculitis, lumbar degenerative disc disease and depression. Treatment to date has included a psychiatric evaluation, chiropractic treatments and pain medications. On 9/2/14, the injured worker reported difficulty sleeping due to pain and suffering from depression. He noted the same symptoms at his 12/2/14 appointment. As of the PR2 dated 2/17/15, the injured worker reports severe pain in the lower back. The treating physician noted a positive straight leg raise test and decreased range of motion. The treating physician requested an outpatient referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient referral to Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the worker complained of being depressed, but not suicidal, related to his chronic pain. In 10/14, there was a request for a referral to a psychologist, which was later approved. However, there was no record provided of this worker seeing a psychologist and if counseling was helpful, if he attended. This request for a referral to a psychiatrist is not explained in the notes besides that he continued to experience depression. Without an explanation of how the approved psychologist referral affected the worker's depressive symptoms, a referral to a psychiatrist cannot be justified and is not medically necessary at this time.