

Case Number:	CM15-0076067		
Date Assigned:	04/27/2015	Date of Injury:	01/17/2013
Decision Date:	05/29/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/21/2015

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 37 year old male, who sustained an industrial injury on January 17, 2013. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, lumbar intervertebral disc displacement, lumbar nerve root compression, chronic pain syndrome, postlaminectomy syndrome, and neuralgia, neuritis, and radiculitis, unspecified. Diagnostics to date has included an MRI, x-rays, and electromyography. Treatment to date has included physical therapy and medications including oral pain, topical pain, anti-epilepsy, anti-anxiety, and sleep. On March 2, 2015, the injured worker complains of constant low back pain, described as sharp and pressure sensation. He reports sleep difficulty due to pain. His medication helps, but he still wakes up during the night. Heat is a little helpful. The physical exam revealed lower back scars, severe tenderness and lumbar 2-lumbar 5, sacral 1, bilateral sacroiliac joint and iliolumbar, and the left hip, thigh, knee, leg, and ankle. The lumbar range of motion was decreased with severe pain. There was decreased motor strength, normal sensation, and reflexes of the left lower extremity. The treatment plan includes waiting for lumbar MRI, continuing physical therapy, an adjustment of the anti-epilepsy medications, and pain and sleep medications. The requested treatment is a referral to psychiatrist for evaluation and treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psychiatry: Overturned

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

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is suggested that the injured worker has been experiencing depression, insomnia secondary to industrial trauma and has also been experiencing suicidal ideation off and on. A specialist referral is indicated at this time. Thus, the request for Referral to psychiatry is medically necessary.

Unspecified treatment with psychiatry: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

Decision rationale: The request for "Unspecified treatment with psychiatry," does not indicate the type of treatment being requested or the duration of time the treatment is intended to be continued. Based on the lack of this information, the request is not medically necessary.