

Case Number:	CM15-0078776		
Date Assigned:	04/30/2015	Date of Injury:	05/22/2007
Decision Date:	06/04/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/24/2015

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 60 year old male, who sustained an industrial injury on 05/22/2007 secondary to carrying trash and felt his knee give out. On provider visit dated 04/02/2015 the injured worker has reported lumbar and bilateral knee pain. On examination of the mood was appropriate and affect was normal. On provider visit dated 04/02/2015 the diagnoses have included pain disorder, associated with both psychological factors and general medical condition. Treatment to date has included right knee surgery in 2008 including a partial knee replacement, medication, laboratory studies and EKG. The provider requested psychiatry consultation 1x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation 1x1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

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

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 in the progress report dated 4/2/2015 that the injured worker has been experiencing sleep problems, anxiousness, stress, nervousness etc secondary to the industrial trauma. It has been indicated that the primary treating provider has prescribed psychotropic medications such as Ambien, Temazepam etc for the injured worker without much benefit. A psychiatrist referral is clinically indicated at this time for stabilization/ treatment of the symptoms. Thus, the request for Psychiatry consultation 1x1 is medically necessary.