MAXIMUS Federal Services

Case Number:	CM13-0002560		
Date Assigned:	11/08/2013	Date of Injury:	05/30/2008
Decision Date:	08/13/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old female who reported an injury on 05/30/2008 due to a trip and fall. On 05/23/2014, the injured worker presented with reduced anxiety, reduced tension, reduced irritability, and reduced depression. Upon examination, the injured worker was polite, cooperative, and reliable. The provider noted that there was no thought disorder. The prior treatment included Ativan and Ambien. The diagnoses were adjustment disorder with mixed anxiety and depressed mood. The provider requested a referral for consultation with psych; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFERRAL FOR CONSULTATION WITH PSYCH QUANTITY 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE(ACOEM) OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy Guidelines for chronic pain Page(s): 23.

Decision rationale: The request for referral for consultation with psych quantity 1 is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial of 3 to 4 visits over 2 weeks would be recommended, with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. In 10/2013, the injured worker had a complete psychological evaluation done. The current progress note indicated that the injured worker was having a good response to treatment with medications and had reduced anxiety, reduced tension, reduced temper, and reduced depression. The need for an additional referral for consultation with a psychologist at this time would not be medically necessary. Therefore, the request is not medically necessary.