

Case Number:	CM13-0030069		
Date Assigned:	11/27/2013	Date of Injury:	10/05/2012
Decision Date:	01/21/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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:

This case involves a 53 year old female who has sustained neck injuries as well as tingling in her upper extremities. She has been dropping things. She complains of anxiety and depressive symptoms including crying spells. She has complained of sensitivity to odors including perfumes. She has been diagnosed with Depressive Disorder by an Agreed Medical Examiner. At issue is whether or not it is medically necessary for her to have a psychiatric consult for depression and anxiety. She has been treated in the past with doxepin and Prozac. She has expressed a lack of comfort with the idea of taking psychiatric medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult for depression/anxiety: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section on Mental Illness and Stress, and the American Psychiatric Association Practice Guidelines. Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition. DOI: 10.1176/appi.books.97

Decision rationale: The MTUS Guidelines do not specifically address office visits for psychiatric medication management. The Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary; evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The American Psychiatric Association Practice Guidelines for the Treatment of Patients With Major Depressive Disorder states: "in assessing the adequacy of a therapeutic intervention, it is important to establish that treatment has been administered for a sufficient duration and at a sufficient frequency or, in the case of medication, dose. Onset of benefit from psychotherapy tends to be a bit more gradual than that from medication, but no treatment should continue unmodified if there has been no symptomatic improvement after 1 month. Generally, 4-8 weeks of treatment are needed before concluding that a patient is partially responsive or unresponsive to a specific intervention" In this case, this patient has had doxepin and Prozac prescribed to her in the past. She has been resistant to taking psychiatric medication. The Chronic Pain Medical Treatment Guidelines page 107 discusses the efficacy of selective serotonin reuptake inhibitor medications, such as Prozac, for depression and anxiety in the context of pain. Particularly because of this patient's lack of comfort taking psychiatric medications, a psychiatric consultation would be highly beneficial to further evaluate her psychiatric needs, and if appropriate to educate her about and manage her psychiatric medication.