

Case Number:	CM13-0035805		
Date Assigned:	12/13/2013	Date of Injury:	03/01/2013
Decision Date:	11/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/17/2013

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 Adult Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 patient is a now 58 year old female who was injured in March 2013. A neurological evaluation dated May 2013 indicates the presence of "mild depression" and indicates a plan for a psychological evaluation "for stress and depressive symptoms". On 7/19 an orthopedic evaluation indicates a plan to refer to a psychiatrist for stress and depression. It is not known if there was timely follow up on these requests but a psychological evaluation done in June of this year does not contain any history and indicates diagnoses of "rule out Depression NOS" and "Rule out Anxiety Disorder NOS". The provider has requested coverage for a referral to a psychiatrist which was denied by the previous reviewer. This represents an independent review of medical necessity for the request for a referral to a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, Psychological Evaluations, and pages 100-101

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

Decision rationale: ACOEM guidelines indicate that "specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions". They recommend that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. In this case, symptoms of depression were noted last summer on two occasions but there is no indication as to the duration of symptoms and it is not clear if the symptoms have been pervasive or intermittent. There is no indication of any attempts to treat them in the primary care setting. There is no indication of severe depression or psychosis and no evidence of substance abuse or other serious comorbid or complicating psychiatric factors. There is no evidence that any psychotropic medications have been prescribed or are being considered. Given the lack of additional information regarding the above, the medical necessity for a psychiatric evaluation is not established according to the evidence based guideline cited. Therefore, this request is not medically necessary.