

Case Number:	CM13-0036381		
Date Assigned:	12/13/2013	Date of Injury:	10/25/2011
Decision Date:	11/21/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/21/2013

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 Occupational Medicine, has a subspecialty in Preventive Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy with Tylenol No. 3; earlier shoulder surgery; shoulder corticosteroid injection therapy; and work restrictions. In a Utilization Review Report dated October 10, 2013, the claims administrator denied a request for a psychiatry consultation, invoking non-MTUS Chapter 7 ACOEM Guidelines despite reporting recent issues with anxiety attacks and panic attacks. Overall rationale was quite sparse to negligible. In a separate Utilization Review Report of the same date, October 10, 2013, the claims administrator approved request for shoulder MRI imaging invoking non-MTUS Third Edition ACOEM Guidelines. The applicant's attorney subsequently appealed. In a progress note dated October 28, 2013, the applicant reported ongoing complaints of shoulder pain, reportedly severe. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. Ativan was apparently endorsed for sleep and anxiety purposes. In an earlier progress note dated May 2, 2013, the applicant was described as using a variety of psychotropic medications, including Ambien, Celexa, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PSYCHIATRY CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medicine therapy. In this case, the applicant does seemingly have a variety of issues associated with anxiety, depression, insomnia, panic attacks, etc. The applicant is using a variety of psychotropic medications, including Celexa, Ambien, Ativan, etc. Obtaining the added expertise of a psychiatrist who specializes in psychotropic medication management is therefore indicated. Accordingly, the request is medically necessary.