MAXIMUS Federal Services

Case Number:	CM13-0047139		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2004
Decision Date:	03/07/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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 45 year male old injured on 12/23/2004. He injured his left elbow. He has pain in his neck, right arm and hand. He has been treated with gabapentin, catapres, Lidoderm, Prilosec and Xanax. He has had severe pain. He has been diagnosed with major depression, and treated with psychotherapy and Xanax. The patient states that his pain is 9/10 without pain medications and 6/10 with medications. The issue at hand is the medical necessity of a psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 397-398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, office visits; as well as American Psychiatric Association Practice Guidelines

Decision rationale: The Official Disability Guidelines state that office visits are recommended: evaluation and management outpatient visits play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. This patient has had

significant depressive symptoms combined with his ongoing severe pain. The patient has been on Xanax for over a month, which is suboptimal, per the MTUS guidelines. The patient's depression and anxiety are very well documented throughout the record. Therefore, the requested psychiatric consultation is medically necessary and appropriate.