

Case Number:	CM13-0053219		
Date Assigned:	02/03/2014	Date of Injury:	02/01/2013
Decision Date:	04/30/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/06/2013

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 Family Practice and is licensed to practice in Texas. 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 56-year-old male who reported an injury on 02/01/2013. The mechanism of injury was cumulative trauma. The diagnosis is joint pain in the forearm. Documentation of 08/28/2013 revealed the injured worker had complaints of sadness, helplessness, hopelessness, irritability, less energy, crying episodes, appetite changes, weight changes, pessimism, anger, sensitive and emotional, nervousness, restless, agitated, tense, dizzy, sweating, hot sensations, excessive worry, unsteadiness, wobbliness in legs, numbness and tingling sensations, sleep difficulties, over sleeping, headaches, chronic pain, and ulcers. The objective findings included memory difficulties, anxious and sad mood, nervousness, dysphoric mood, bodily tension, restlessness, rigid posture, and apprehension. It was indicated the psychological testing revealed significant depressive and anxious symptoms. The diagnoses included major depressive disorder, single episode, mild coma, anxiety disorder NOS, insomnia related to anxiety disorder NOS, and chronic pain and stress related physiological response affecting headaches and ulcers. The injured worker's GAF was 54. The recommendations were cognitive behavioral group psychotherapy 1 to 2 times a week for 6 months, hypnotherapy, and relaxation training for pain control, 1 to 2 times a week for 6 months, and psychiatric evaluation and treatment for 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION AND TREATMENT FOR 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation submitted for review indicated the injured worker had a need for a psych consult. However, the request as submitted indicated it was for a psychiatric evaluation and treatment for 6 months. There was a lack of documentation indicating a necessity for 6 months treatment without re-evaluation and there was a lack of documentation indicating the number of sessions being requested. The request for psychiatric evaluation and treatment for 6 months is not medically necessary and appropriate.