MAXIMUS Federal Services

Case Number:	CM13-0056579		
Date Assigned:	12/30/2013	Date of Injury:	02/27/2006
Decision Date:	03/26/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Neurology, 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:

The patient is a 52 year old female who sustained a work-related injury on 2/27/06. She is diagnosed with cervicalgia that causes neck pain and radiates to the right upper extremity. A progress report from 5/29/13, states that the patient has persistent neck pain. The treatment plan includes a request for a psychiatrist. The request for authorization form states that the patient experiences depression due to chronic injury. A progress report from 10/23/13 states that her chief request is for depression medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

psychiatric evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS states that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.

Guidelines further state that specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. The medical records provided for review do not suggest that any detailed assessment of the symptoms of depression or any attempt to treat the depression has been made by the primary physician. Psychiatry referral is not deemed as medically necessary at this time. The request is noncertified.