MAXIMUS Federal Services

Case Number:	CM13-0062038		
Date Assigned:	12/30/2013	Date of Injury:	06/23/2007
Decision Date:	10/09/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 licensed in Psychology, 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 61-year-old male who reported an injury due to a slip and fall while carrying heavy objects, then hitting the left side of his head. The following day, while attempting to stand up, he hit his head again on a piece of metal and received a laceration to the side of his head, on 06/23/2007. There was no loss of consciousness. On 08/27/2013, his complaints included headaches every other day lasting an average of 1 to 1.5 hours of severe intensity, insomnia occurring 3 to 4 times a week lasting 1 to 3 hours, memory difficulties to a significant degree, balance issues occurring daily, confusion evidenced by paying bills to the wrong creditors and buying items in a store that he did not need. He was noted to have depressive symptoms, including low self-esteem, low motivation, irritability, sleep disturbance, fatigue, diminished interest in activities, and problems concentrating. Anxiety symptoms were noted, including restlessness and feeling keyed up and on edge, palpitations, numbness or tingling, and feeling dizzy or unsteady. His medications included hydrocodone 5/500 mg and clonazepam 5 mg. His diagnoses included depressive disorder NOS and cognitive disorder NOS. On a Beck Anxiety Inventory, he scored a 7/63 which indicated a minimal level of self-perceived anxiety. On the Beck Depression Inventory, he scored a 10/63, which indicated a minimal level of self-perceived depression. A report from a neurologist on 09/14/2012 diagnosed this worker with posttraumatic head syndrome. A brain MRI on an unknown date showed microvascular changes. An EEG on an unknown date showed mild abnormality, but no further details were included in the documentation. A sleep study on an unknown date showed mild obstructive sleep apnea. On 11/07/2013, a neurologist progress note stated that he did not feel that this worker's medications were the cause of his symptomatology. His recommendation was for an immediate consultation and cotreatment with a medical psychiatrist as well as additional psychotherapy sessions and a CPAP unit for obstructive sleep apnea. The rationale was that there was a question whether this

worker may have some bipolar disease evidenced by his shopping sprees, and the neurologist did not feel that the SSRIs were the appropriate treatment for this patient's depression--that he needed medical specialty and psychiatry to prescribe appropriate medications, for family counseling and co-treatment. A Request for Authorization dated 11/07/2013 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST EVALUATION: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Outline of treatment planning.

Decision rationale: The Official Disability Guidelines recommend that in the case of suspected mental illness, it will typically begin with the patient presenting some psychological complaint to a general medical clinician. The general medical clinician's expertise will often be sufficient to allow him or her to make a preliminary determination about the patient's suspected mental illness. If the clinician decides to address the psychological complaint as a work related issue, the ideal next step is for the clinician to administer in house psychological testing in order to collect objective data regarding whether the patient's presentation is consistent with mental illness. Such objective data will provide a scientifically credible basis for determining whether referral for mental health evaluation is justified. If the preliminary steps described above produce justification for mental health evaluation, referral can be made. Such referral should typically be made to a specialist who can provide a comprehensive evaluation, such as a psychologist or psychiatrist, who will not be fettered by educational or licensure limitations. A psychologist and neurologist who have seen this injured worker were not able to determine the etiology of his symptoms. Therefore, a referral to a psychiatrist is an appropriate next step to help this injured worker achieve some resolution to his psychosocial stressors. As such, the request is medically necessary.