

Case Number:	CM13-0067310		
Date Assigned:	01/03/2014	Date of Injury:	06/20/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/17/2013

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 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 34-year-old male who reported an injury on 06/20/2011. The mechanism of injury was not provided in the medical records. The injured worker's symptoms include depression and anxiety. The provider indicated the injured worker was sad about not being able to help his son more. The injured worker reported feelings of sadness and anxiety, but he denied suicidal ideation. The injured workers medication regimen included Alprazolam, Buprenorphine, Gabapentin, Venlafaxine, and Glucosamine. The injured worker was diagnosed with pain in joint, shoulder. Past medical treatment included physical therapy, chiropractic treatment, acupuncture, TENS unit, activity modification, oral medications, and psychiatric evaluation. Diagnostic studies included an MRI of the cervical spine dated 12/02/2013, x-ray of the cervical spine on 02/12/2013, an MRI of the right shoulder on 02/14/2014, and an x-ray of the lumbar spine on 02/12/2013. The request for authorization was not provided in the medical records. Therefore, the clinical note from the date the treatment was requested is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CONSULTATION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23,101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological Evaluations Page(s): 100-101.

Decision rationale: According to California MTUS Guidelines, psychological evaluations are recommended and 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 pre-existing, aggravated by the current injury, or work-related. Psychological evaluation should determine if further psychosocial interventions are indicated. The documentation submitted for review indicated the injured worker had a psychiatric evaluation on 01/30/2012. The injured worker was noted to have a GAF score of 53. It was also noted the injured worker was in need of ongoing treatment and it was recommended he be seen for 6 months on a weekly basis. On 10/30/2013, an SCL-90-R, Pain Patient Profile, and Millon Behavioral Medicine Diagnostic tests were performed. The Millon Behavioral Medicine Diagnostic test showed an increase in anxiety score, depression score, illness apprehension, functional deficit, pain sensitivity, and adjustment difficulties. The Pain Patient Profile demonstrated increase in depression, anxiety, and somatization scores. The SCL-90-R could not be supported. The results indicated the injured worker was experiencing significant anxiety and depression. Psychological treatment was indicated. The documentation submitted indicated the injured worker has had previous psychological evaluations with indications to proceed with treatment; however, has not undergone a psychiatric evaluation which would be appropriate given the patient has not been seen by a psychiatrist. The patient is currently receiving psychotropic medications from his primary care physician and a psychiatrist would be more appropriate in managing these medications. Although the patient has undergone prior psych evaluation several years ago, a more updated evaluation would be appropriate in order to provide a more accurate and current assessment of the patient. Given the above, the request for psychiatric consultation is medically necessary.