

Case Number:	CM13-0070584		
Date Assigned:	01/08/2014	Date of Injury:	04/19/2011
Decision Date:	05/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 4/19/11. A utilization review determination dated 11/27/13 recommends non-certification of psychiatrist treatment. A psychiatrist consultation was certified. 11/27/13 medical report identifies that the provider spoke to the utilization review doctor regarding the major changes in the patient's life given that he is no longer able to perform his regular work secondary to the left knee impairment. The provider cited that the reviewer indicated that the referral to the psychiatrist would be authorized. 11/15/13 medical report identifies that the patient continues to feel depressed, staying in his room all day. The provider prescribed Zoloft and recommended consultation and treatment with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2009: ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 Page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: Regarding the request for psychiatrist treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, there is documentation of depression. A consultation with a psychiatrist was certified by utilization review. However, there is no indication for "psychiatrist treatment" prior to that consultation as this request is nonspecific and the need for any specific treatment of this nature will depend in part upon the results of the consultation. In light of the above issues, the currently requested psychiatrist treatment is not medically necessary.