MAXIMUS Federal Services

Case Number:	CM14-0101709		
Date Assigned:	07/30/2014	Date of Injury:	01/23/2009
Decision Date:	08/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/01/2014

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 and is licensed to practice in Nevada. 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 60-year-old male was reportedly injured on January 23, 2009. The mechanism of injury was getting hit in the right hand by a hose containing hot oil under pressure. The most recent progress note, dated April 2, 2014, was a psychological consultation. Notes on this date stated that the injured employee has developed symptoms of anxiety and depression. There were complaints of sadness, helpless/hopelessness, irritability, less energy, social isolation, nervousness, anger, flashbacks, nightmares, sleep difficulty, and headaches. The physical examination demonstrated a depressed affect, memory difficulties, poor concentration, preoccupation with pain, anxiety, nervousness, dysphoria and apprehensiveness. There was a recommendation for a cognitive behavioral group psychotherapy, hypnotherapy/relaxation training and monthly psychiatric follow ups Diagnostic imaging studies were not reviewed during this visit. Previous treatment included cervical spine epidural steroid injections, a right hand debridement and right shoulder arthroscopic surgery. A request was made for psychiatric consultation and psychiatric follow-up and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation and Psychiatric follow-up on monthly basis for 6-8 months:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

Decision rationale: According to the medical record, the injured employee has already had a psychological consultation on April 2, 2014. Therefore, it is unclear why there is another request for a psychiatric consultation on with psychiatric follow-ups. Without additional justification, this request for Psychiatric Consultation and Psychiatric follow-up on monthly basis for 6-8 months is not medically necessary and appropriate.