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| Case Number: | CM14-0102474 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/25/2011 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/02/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 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 34-year-old female with a reported date of injury on 07/25/2011. The injury reportedly occurred from repetitive use. The injured worker's diagnosis included an episode of depressive disorder, anxiety disorder, personality disorder, orthopedic and other physical symptoms. Previous diagnostic studies included a psychological evaluation dated 01/9/2014. The physician indicated the injured worker presented with effort to express the nature and scope of her psychiatric complaints and functional difficulties and there was no evidence of feigning her reported difficulties although the injured worker struggled with providing the needed information. The evaluation indicated that the injured worker experienced mental distress in the form of depression and anxiety. The results of the psychiatric evaluation indicated the injured worker was suffering from depressive and anxiety disorders but does not appear to be temporarily or totally disabled. The injured worker's medication regimen was not provided within the documentation available for review. The rationale for the request was not provided within the documentation available for review. The request for authorization for psychiatric consultation, quantity 6 sessions, was submitted but not signed or dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation, QTY: 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines Chapter 7 Independent Medical Evaluations and Consultations, Page 127 and Official Disability Guidelines (ODG), Mental Illness and Stress (updated 04/09/2014).

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

Decision rationale: The California MTUS Guidelines recommend psychological evaluations. 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. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. The psychological evaluation dated 01/09/2014 indicates testing showed significant inconsistencies in the applicant's manner of responding to different administered tests. The results of the BDI-2 and BAI are indicative of depression and anxiety. On the contrary, the CSL-90-R and PDSQ suggests the absence of significant symptoms of depression or anxiety. The physician indicated that the evaluation seemed to indicate that the injured worker experienced mental distress in the form of depression and anxiety. The physician indicated, because of the factors delineated, it is not possible at the present time to ascertain the severity of her mental condition with reasonable and medical probability without reviewing previous medical records. The request as submitted requested a 6 session for a psychological evaluation, the number of sessions is excessive for a psychiatric consult. In addition, the injured worker underwent a psychological evaluation on 01/09/2014. Generally, one session should be appropriate, and would determine subsequent session frequency and quantity depending on the patient's needs and response to treatment. Therefore, the request for psychiatric consultation, quantity 6 sessions, is non-certified.