

Case Number:	CM14-0013822		
Date Assigned:	02/26/2014	Date of Injury:	12/19/2012
Decision Date:	07/16/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 Psychiatry 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 48 year old male who has reported mental illness after an injury on 12/19/2012. Treatment has included physical therapy, acupuncture, medications, psychotherapy, and psychiatric medications. On 12/13/2013 the injured worker was reporting right shoulder pain and left knee pain. He recently stopped working due to pain. He has tapered Norco and is doing well with a lower dose. He takes trazodone for insomnia. The treatment plan includes psychiatric-psychology consult/treatment. Per the report from 12/16/13, the injured worker was reporting depression, anxiety, stress, and sleep disturbance. A follow-up psychiatric consultation report dated 1/22/2013 notes anxiety, tension, irritability, quick temper, depression and related symptoms are reduced with medications. There was continued low energy and insomnia due to pain and worry. The treatment plan included Valium for anxiety, and trazodone for sleep and depression. On 11/4/2013 the psychiatrist indicates a diagnosis of adjustment disorder with mixed anxiety and depressed mood. Valium and trazodone were continued, and there had been enough psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC CONSULTATION: Upheld

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

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, Office visits, Stress related conditions.

Decision rationale: The Official Disability Guidelines recommends office visits as "medically necessary" contingent upon the clinical circumstances. The psychiatrist has continued to see this injured worker periodically, with visits on 11/4/13 and 1/22/13. There are ongoing symptoms and signs, which include anxiety, tension, irritability, quick temper, depression, that are reduced with medications. Valium 10 mg tid prn for anxiety and trazodone 25-50 mg qhs for sleep and depression are being prescribed. The psychiatrist report from 11/4/2013 indicates diagnoses of adjustment disorder with mixed anxiety and depressed mood. It appears that the injured worker has already been seeing a psychiatrist for ongoing psychological symptoms, and has been receiving Valium and trazodone. The current request for psychiatric care appears to duplicate the care that is already occurring. The treating physician has not explained why additional psychiatric care is necessary in addition to what is already taking place. As such, additional psychiatric consultation is not medically necessary since the injured worker is already seeing a psychiatrist.