

Case Number:	CM14-0128778		
Date Assigned:	08/18/2014	Date of Injury:	06/03/2012
Decision Date:	10/03/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 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 41 year old female who reported injury on 06/03/2012. The mechanism of injury was job stress. Diagnoses included psychotic disorder, depressive disorder, anxiety disorder, panic attacks, hypothyroidism, and insomnia. The past treatments included anti-depressants and anti-anxiety medications, which she stopped due to lack of funds. The qualified medical examiner's internal medicine report dated 04/07/2014 noted a psychiatric evaluation was performed on 09/06/2012. On 09/06/2012, the physician noted the injured worker had moderate depressed mood, loss of interest/pleasure, sleep disturbances, agitation/irritability, a change in energy, and poor concentration. The injured worker had severe crying spells, anxiety, and panic attacks. The qualified medical examiner's internal medicine report indicated the injured worker attended individual psychotherapy through 11/14/2012. The documentation indicated she had another appointment for psychotherapy. The report indicated the injured worker reported headaches and auditory hallucinations. The physical exam was noted to be within normal limits. There were no more recent notes provided. Current medications were not documented. The treatment plan requested a referral to an endocrinologist for her hypothyroidism, and to a psychologist for her psychological issues. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation, monthly follow for 6-8 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23 100-101.

Decision rationale: The request for psychiatric evaluation, monthly follow for 6-8 months is not medically necessary. The injured worker had an initial psychiatric evaluation noted on 09/06/2012, at which she was referred for individual psychotherapy. It was unclear as to how long the injured worker was followed by the psychiatrist, or the outcome of the sessions. The California MTUS guidelines note psychological evaluations 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 preexisting, aggravated by the current injury or work related, and should determine if further psychosocial interventions are indicated. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. Per the provided documentation the injured worker underwent a psychological evaluation in 09/2012 followed by psychotherapy; however, there is a lack of documentation which indicates how many sessions of therapy have been completed as well as documentation demonstrating the injured worker had significant objective improvement with the prior therapy. The requesting physician did not provide adequate, recent documentation which detailed the course of psychological treatment. A psychological evaluation would not be indicated at this time as the requesting physician did not provide documentation detailing whether an evaluation was performed upon completion of the last course of psychological treatment and when a psychological evaluation was most recently performed, as well as the results of any more recent psychological evaluation. The need for psychological follow-up cannot be determined in the absence of documentation clarifying the prior psychological evaluations and treatment. As such, the request is not medically necessary.