MAXIMUS Federal Services

Case Number:	CM14-0171982		
Date Assigned:	10/23/2014	Date of Injury:	02/25/2013
Decision Date:	11/21/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/17/2014

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 a licensed Psychologist, 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:

According to the records that were provided for this IMR, this patient is a 60 year-old female who reported an industrial injury that occurred on February 25, 2013 during the course of her employment for [redacted]. The injury occurred when she was assaulted by a 4 year old student with a "violent personality for 30 minutes." She stated she called for help and was told it was on the way but none arrived. She reports sustaining multiple bruises, a blood clot on the left leg, three injured discs in low back, and injury to her neck and shoulder. A partial list of her medical diagnoses include: myoligamentous strain of the cervical spine and bilateral trapezius musculature, compression and contusion of the right shoulder, myoligamentous strain of the lumbar spine with radicular symptoms into the right lower extremity, and exacerbation of migraines. Treatment progress note from August 2014 describes acute shoulder trauma, suspect rotator cuff tear/impingement. Prior treatments have included conventional medical treatment, yoga, and Botox treatment for severe migraines, medications for pain and migraine, antidepressant and sleep medications. The patient states that the injury has affected her life by preventing bike riding, family vacations, weightlifting, running, walks and has caused extreme limitation in shores and limited activities with friends and family due to pain. The patient noted that she has "become secluded due to need to stay on couch with ice packs and TENS unit. Sex with husband is diminished due to causing back pain." She also reports depression and anxiety and that she started taking Lexapro in September 2013 and that her sleep is interrupted due to anxiety and there is been an increase in her headaches in intensity and duration. An assessment from her primary treating physician states that she has recurrent panic disorder, disorder of sleep and arousal with non-restorative sleep, aggravation of underlying migraine, and posttraumatic headache with cervicogenic component. A request was made for a psychiatric consultation, the request was non-certified. The UR determination rationale stated that: "in this case there is

limited documentation of specific current psychological complaints attributed to the current injury that causes delay in recovery or causes functional deficits. Considering this, the requested psychiatry consultation is not medically necessary and appropriate." This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation, per 10/01/14 form Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Evaluations, PAG e Page(s): 100-101.

Decision rationale: The ACOEM states that "specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as a mild depression, may be referred to a specialist after symptoms continue for more than 6 to 8 weeks... Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy." With respect to this patient's psychiatric/psychological symptomology medical records reflect sufficient mental health related evidence of difficulties in adjusting to and coping with her injury and that there is also evidence of delayed recovery. Although her psychological/psychiatric symptomology appears to fall in the more mild range, which typically could be managed adequately by her primary treating physician, as is noted in the above stated guidelines after more than 6-8 weeks a referral to a specialist may be appropriate. Therefore the referral to a psychiatrist is a reasonable request and the medical necessity has been established adequately to overturn the UR decision.