

Case Number:	CM14-0172887		
Date Assigned:	10/23/2014	Date of Injury:	05/01/2013
Decision Date:	12/02/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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:

Injured worker is a 48 year old female with date of injury 05/01/2013. Date of the UR decision was 10/8/2014. She encountered injury when her right elbow struck against a stanching bar while placing self into the seated position of a driver's seat. Report dated 8/5/2014 suggested that she was experiencing insomnia related to pain, reduced motivation, sex drive, lower energy level. Objective findings included moderate anxiety based on score of 11 on the GAD-7, score of 35 on the Beck Depression Inventory supporting severe depression, score of 17 on the PHQ-9 supporting severe depression, score of 15 on the Hamilton Rating Scale for Depression supporting moderate levels of depression and score of 9 on the Hamilton Rating Scale for Anxiety supporting mild levels of difficulty. She was diagnosed with Depressive disorder, NOS, Pain disorder associated with both psychological factors and the general medical condition. Report suggested that the injured worker was not interested in psychotropic medication interventions. She underwent a Psychological evaluation for spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities".It has been suggested that the injured worker has been experiencing symptoms of anxiety and depression based on the Psychological testing results on 8/5/2014. It has been suggested that the injured worker does not want to take psychotropic medications, however a consultation with a specialist might be helpful in this case.Thus, the request for Consultation with psychiatrist is medically necessary.