

Case Number:	CM14-0023448		
Date Assigned:	02/26/2014	Date of Injury:	04/30/2011
Decision Date:	08/25/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/25/2014

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 Utah. 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 39-year-old male with a date of injury of 4/30/11. The mechanism of injury occurred when he fell off a roof, 18 feet down to the ground. On 1/23/14, he complained of increasing psychological complaints. He feels depressed and hopeless and stated that these complaints worsen every day. He complained of constant neck pain, headaches, bilateral shoulder pain, low back pain, and bilateral knee pain. He also relates internal complaints of his stomach bleeding when going to the bathroom on a daily basis. Objective exam revealed tenderness to palpation to the areas involved. A psychiatric QME dated 9/9/13, documented that the patient should be referred to a psychiatrist for pharmacologic treatment of his depression. In addition, during the pharmacological management it is recommended that the patient be seen once a week in individual psychotherapy to address his PTSD symptoms. It is anticipated that he will need at least four appointments over the next six months with a psychiatrist to stabilize his medications and he should return for re-evaluation once all the pharmacologic strategies described have been employed. The diagnostic impression is Major Depressive Disorder and PTSD. Treatment to date: physical therapy, medication management. A UR decision dated 2/11/14, denied the request for a psychiatric evaluation and monthly follow up appointments. The request was denied because a psychological evaluation was reportedly done, but it is not prepared and available as yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION AND MONTHLY FOLLOW UP APPOINTMENTS FOR 8 MONTHS: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, Independent Medical Examinations and Consultations, page 127,156 OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER.

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. A QME dated 9/3/13, recommended a referral to a psychiatrist for pharmacological treatment of his depression. The QME supported four visits over 6 months to stabilize the patient's pharmacological management. However, this request is for 8 months of psychiatrist follow up, which is excessive and not supported by guidelines. Therefore, the request for a psychiatric evaluation and monthly follow up appointment for 8 months was not medically necessary.