

Case Number:	CM14-0027667		
Date Assigned:	06/13/2014	Date of Injury:	12/26/2003
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/04/2014

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 Child and Adolescent 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:

The injured worker is a 45 year-old female who was injured on 12/26/2003 while working in a hotel. She slipped and fell on a wet floor during her housekeeping duties. She suffered cervical spine, right shoulder and right knee injuries, undergoing right shoulder surgery in 2004, right knee surgery in 2006, and cervical spinal surgeries in 2010. She has continued to suffer from chronic pain in her neck, right shoulder and right knee. She subsequently reported symptoms of depression, anxiety and insomnia. She was seen by a treating psychologist, who recommended four psychotherapy sessions. Psychotropic medications by a treating physician has been prescribed, antidepressant Cymbalta (duloxetine). On 10/30/13, an evaluation by a treating psychiatrist is noted. The recommendation was that the injured continue to see the treating psychologist for up to twelve sessions, and that the Cymbalta be continued for at least one more year. As of the treating psychologist's psychological evaluation on 12/2/13, the injured worker reported symptoms of depressed mood, anxiety, insomnia, fatigue, crying spells, decreased libido, and poor memory. There was no suicidal or homicidal ideation, and no psychosis. The injured was able to do the activities of daily living, though has not worked since 2003. The report stated that the injured worker's psychological defenses were stable, and that the medication Cymbalta had helped reduce the symptoms of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH FOR PSYCHIATRIC CONSULTATION AND A FOLLOW UP FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medical Practice Guidelines (OMPG), Chapter 7, Independent Medical Examinations and Consultations, page 127.

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 & Stress.

Decision rationale: MTUS is not applicable here. The Official Disability Guidelines (ODG) indicates that in the treatment of depression, there is evidence in the published medical literature that indicate cognitive-behavioral therapy (CBT) is effective. If there is evidence of clinical improvement, then additional treatment with up to 13-20 visits over 7-20 weeks is appropriate in order to help improve the injured worker's functional level. However, there is no clinical documentation indicating the number of psychotherapy sessions already undertaken. In a peer to peer conversation, the treating psychologist on 3/10/14 reported having undertaken two sessions at that time, and the 10/30/13 forensic psychiatrist evaluation noted that the treating psychologist was seeing the injured worker on a monthly basis. In the absence of knowing the specific number of sessions already undertaken, it is not possible to certify any additional psychotherapy sessions per the ODG. In addition, the request is specifically for a psychiatric consultation. However, the treating psychologist is not a psychiatrist, and in the State of California he is not qualified to prescribe psychotropic medications, technically he would not be able to provide a psychiatric consultation, but instead would do a psychological consultation. The request for Follow up for Psychiatric Consultation and Follow up for 6 weeks is not medically necessary.