

Case Number:	CM14-0031461		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2012
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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:

The claimant is a 47 year old injured worker with date of injury 6/7/12. He developed pain in his thighs, knees, and back as a result of his injury. Per 1/14/14 progress report, he reported feeling sad, helpless, irritable, angry, and depressed. Objective findings included a depressed affect, memory difficulties, poor concentration, and apprehension. AXIS I diagnoses include major depressive disorder, single episode, mild; anxiety disorder NOS; insomnia related to anxiety disorder NOS and chronic pain; stress-related physiological response affecting gastrointestinal disturbances and headaches; opioid abuse, sustained full remission. The records submitted for review do not indicate that psychotherapy or psychotropic medications have been utilized. The date of UR decision was 1/24/14.

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 6-8 MONTHS AT 1 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: According to the MTUS/ACOEM Guidelines, "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities...Issues regarding work stress and person job fit may be handled effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental health conditions made need referral to psychiatry for medicine therapy." Based on the medical records provided for review the patient is presented with reportings of feeling sad, helpless, irritable, angry, and depressed. The patinet has been diagnosed with major depressive disorder, single episode, mild; anxiety disorder NOS;insomnia related to anxiety disorder NOS and chronic pain; stress-related physiological response affecting gastrointestinal disturbances and headaches; and opioid abuse. Based on the medical records and MTUS guidelines, the patient meets MTUS guideline criteria. The request for a psychiatric evaluation is medically necessary and appropriate.