

Case Number:	CM14-0069410		
Date Assigned:	07/14/2014	Date of Injury:	07/09/2008
Decision Date:	11/04/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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 was injured on 07/09/08. A psychiatric evaluation for the cervical and right shoulder injury is under review. She has been diagnosed with cervical and shoulder sprains, cervical neuritis, depression, and anxiety and was treated for a pain flare up in 2014. She saw a chiropractor on 10/28/13. She had frequent to constant more than moderate depression and anxiety with ongoing symptoms. She had positive orthopedic findings. She has been given multiple medications. She has had pharmacological consultations regarding her medication use over a number of months. Reportedly, according to a previous review, a psychiatric evaluation was approved in August 2013 but the claimant did not make the appointment. The chiropractor anticipated the chiropractic care would resolve her current flareup. There were no psychological complaints. She reportedly received Doval for depression from a different provider. There is no evidence of impaired function from depression or anxiety or lack of response to treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation for Cervical and Right Shoulder injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 132.

Decision rationale: The history and documentation do not objectively support the request for a psychiatric evaluation. The MTUS state "psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated.... Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain." In this case, the indication for this type of referral is unclear. There is no evidence of disabling symptoms of anxiety or depression in the records and no psychiatric disturbances appear to be present. Only the diagnoses anxiety and depression have been noted with no description of symptoms or response to treatment or lack thereof. The specific goals of this type of evaluation are not stated. There is evidence that she reported depression and anxiety but little documentation that a basic mental health screening was done and was documented. She has already received antidepressants (Elavil) but her course of treatment and response to treatment are unknown. The medical necessity of this request for a psychiatric evaluation for cervical and shoulder sprain has not been clearly demonstrated. Therefore the request is not medically necessary.