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| Case Number: | CM14-0087947 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 05/26/2004 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 05/23/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 & 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 52 year old male who was injured at work on 5/26/2004. He was working in construction and another worker fell down a ladder on to him, and while trying to lift a sandblaster the hose got caught up, causing him to lift it in an awkward angle, which produced sudden severe low back pain. He continued to experience low back pain. Treatment included bed rest, physical therapy, opioid and benzodiazepine medications, and a TENS unit. He subsequently underwent an L5-S1 laminectomy and fusion. He continued to experience chronic low back pain. He then became depressed, and was diagnosed with depression. He was prescribed the antidepressant medication Cymbalta. He has a history of alcohol and opioid dependence, and as of the 4/22/14 progress report, the treating physician was planning to wean him off of the Oxycontin and Diazepam. The provider requested a psychiatric consultation in order to assist him in managing the withdrawal of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric referral: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: MTUS guidelines indicate that referrals for psychiatric evaluation are helpful for individuals in aiding in the diagnosis, prognosis, therapeutic management, determination of medical stability, and fitness to return to work. Psychiatric consultations are especially useful when the injured worker has significant psychopathology or serious medical comorbidity. There are some conditions which can be appropriately managed without a specialist psychiatric referral, such as mild depression. The injured worker is diagnosed with depression, and has moderately severe symptoms. He also has comorbid severe chronic low back pain. Based on this clinical information, therefore a psychiatric consultation would be appropriate. However, the term "psychiatric referral" is broad and nonspecific, as this phrase can also be taken to include not only the initial psychiatric consultation/evaluation, but also referral for the specialist psychiatrist to provide continued ongoing psychiatric care. The prior UR denial was issued with the restriction that the injured worker undergoes only a psychiatric consultation and that any subsequent decision regarding the medical necessity of continued/ongoing psychiatric specialist treatment is made after the initial psychiatric consultation is completed. The wording of the request for "psychiatric referral" is therefore too non-specific, and is not medically necessary on that basis.