

Case Number:	CM14-0093975		
Date Assigned:	07/25/2014	Date of Injury:	04/17/2014
Decision Date:	10/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 a licensed Psychologist 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:

The patient is a 28-year-old female who has submitted a claim for generalized anxiety disorder and depressive depression not elsewhere classified; associated with an industrial injury date of 04/17/2014. Medical records from 2014 were reviewed and showed that patient complained of being stressed at work. The patient reports depression, anxiety and insomnia. The patient's anxiety and depression has gotten worse due to a lot of pressure from work. She reports frequent crying episodes but no suicidal thoughts or ideation. Physical examination showed that the patient was in no acute distress, and was alert, oriented x3, and was conversant. DTRs were normal, and the patient had downgoing toes. Motor testing was normal. Sensation was intact. Treatment to date has included citalopram and alprazolam. Utilization review, dated 06/11/2014, denied the requests for psychological consultation, extended time, testing interpretation by tech-3 hours, psychological testing, and report-6 units because the requesting physician's office stated that they have had no contact with the patient and could not substantiate the medical necessity for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS

Citation Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines for chronic pain

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 7 - Independent Medical Examinations and Consultation pages 127 and 156

Decision rationale: Pages 127 and 156 of the CA MTUS ACOEM Independent Medical Examinations and Consultations state 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. In this case, the patient complained of anxiety, depression, and insomnia despite intake of citalopram and alprazolam since 04/18/2014. The patient has not returned to work since starting medications. Current plan is for return to normal duty, and referral to a clinical psychologist for anxiety and depression. A psychological consultation is a reasonable option in this case. Therefore, the request for Psychological Consultation is medically necessary.