

Case Number:	CM14-0187535		
Date Assigned:	11/18/2014	Date of Injury:	07/26/2011
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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:

Injured worker is a 46 year old female with date of injury 7/26/2011. Date of the UR decision was 10/15/2014. She fell off a stool while trying to hand a pinata over a tree branch and sustained injury to her head, neck, and left elbow. She underwent chiropractic treatment, physical therapy and medication treatment which was not helpful. Per report dated 5/2/2014, she reported her mood as sad, stated that she was tearful on daily basis since 2012. Mood was described as constantly sad, feeling hopeless / helpless. Libido was reported to have decreased (since 2011), Increased Appetite and significant weight gain. Sleep was reported as poor (3-5 hr / night) and complained of fatigue. It was reported that panic attacks first noted 3 months ago, has had 3 total. She was given diagnosis of Major Depression (Single Episode), Pain Disorder. It has been suggested that she has completed six psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation 5 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 - Independent Medical Examinations and Consultations

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" Reviewed records do not suggest that any detailed assessment of the symptoms of depression or any attempt to treat the depression has been made by the primary physician. Injured worker suffers from Major Depressive Disorder and Psychiatry referral is clinically indicated. However, the request for Psychiatric Consultation 5 sessions is excessive and not medically necessary at this time. An initial Psychiatric Consultation would be sufficient to decide further treatment plan.