

Case Number:	CM14-0188581		
Date Assigned:	11/17/2014	Date of Injury:	08/14/2014
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
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 Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

Records reviewed include 30 pages of medical and administrative records. The injured worker is a 43 year-old male whose date of injury is 08/14/2014, which was a verbal altercation with a supervisor who allegedly threatened the patient by shouting "go back to your bench or I'll hurt you". The patient went home and had difficulty sleeping. He was taken by paramedics to the hospital on 08/15/14 for complaints of chest pain, not relieved by nitroglycerin. Psychiatrically he showed normal mood, affect, and thought content. Physical exam was unremarkable and impression was atypical chest pain. In a report of 10/08/14 the patient indicated that he developed symptoms of anxiety and depression related to incidents of stress and harassment at work. Affect was depressed with poor concentration, mood was sad. He endorsed feeling sad, helpless/hopeless, with decreased energy, social isolation, appetite and weight changes, anger, nervous, difficulty concentrating, and feeling tense. His diagnoses are major depressive disorder single episode mild, generalized anxiety disorder, insomnia related to generalized anxiety disorder, and stress related physiological response affecting headaches. On October 21, 2014, Utilization Review provided a modified certification of psychiatric evaluation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Evaluation Only: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391,398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter; Psychological Evaluation

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

Decision rationale: The patient suffers from symptoms of major depressive disorder and has received certification for one psychiatric evaluation. Given his symptoms it is reasonable to request an evaluation to determine the best course of action at this early stage to prevent what could turn into a prolonged and drawn out course. This certification was provided on 10/21/2014 (number 095164101), expiration date 12/05/2014. It does not appear that this evaluation was used during the time allotted. As such, this request is certified. California-MTUS does not address psychiatric evaluations. Psychological evaluation guidelines are given only as they relate to chronic pain. As this patient does not suffer from chronic pain American College of Occupational and Environmental Medicine (ACOEM) guidelines were used in this decision. Per ACOEM, specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy.