

Case Number:	CM14-0189754		
Date Assigned:	11/20/2014	Date of Injury:	09/04/2012
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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 Psychology 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 45 year-old male with a date of injury of 9/4/12. The injured worker sustained cumulative injuries to his neck, back, shoulders, and bilateral extremities in addition to internal injuries while working as a dolly grip for [REDACTED]. In his PR-2 report dated 9/25/14, [REDACTED] diagnosed the injured worker with: (1) Cervical sprain/strain; (2) Cervical spondylosis per X-rays C5 through C7; (3) Status post bilateral shoulder humeral head replacement/hemiarthroplasty; (4) Status post spinal fusion L5-S1 with adjacent level disease L4-L5; (5) Bilateral knee patellofemoral chondromalacia as well as left-sided knee meniscal flap; (6) Bilateral knee pes anserinus; (7) Bilateral ankle sprain/strain with overuse and tendonitis, now improved; (8) Psychological impairment presumed anxiety and depression; (9) Gastrointestinal complaints as well as sleep disturbance; and (10) Grinding of teeth with dental pain. The injured worker has been treated with physical therapy, medications, epidural injections, and surgeries. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic and internal injuries. The injured worker was referred to psychologist, [REDACTED], in 2012 and completed 6-8 psychotherapy sessions. It is reported that he never consulted with a psychiatrist for medications. More recently, the injured worker was evaluated by [REDACTED] on 10/1/14. In his "Initial Psychological Evaluation Report", [REDACTED] diagnosed the injured worker with Major Depressive Disorder and Pain Disorder associated with both psychological factors and a general medical condition. The request under review is for a Psychotropic Medication Evaluation with a Psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Medication Psychopharmacology Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The ACOEM guideline regarding referrals will be used as reference for this case. In his "Initial Psychological Evaluation" dated 10/1/14, [REDACTED] diagnosed the injured worker with both Major Depressive Disorder and Pain Disorder associated with both psychological factors and a general medical condition. He recommended both follow-up psychotherapy and a psychotropic medication consultation in order to treat the injured worker's symptoms. The ACOEM guideline indicates that a referral to a specialist "may be necessary when patients have significant psychopathology or serious medical comorbidities." It further states that "The practitioner should use his or her best professional judgment in determining the type of specialist. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy." It is within [REDACTED] "best professional judgment" as a psychologist that the injured worker is in need for a medication management consultation. As a result, the request for a "Psychological Medication Psychopharmacology evaluation" is medically necessary.