

Case Number:	CM14-0198498		
Date Assigned:	12/05/2014	Date of Injury:	03/07/2014
Decision Date:	01/30/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Physical Medicine Rehab, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of March 7, 2014. A utilization review determination dated October 27, 2014 recommends noncertification for a psychiatric consultation. Noncertification was recommended due to limited documentation regarding the patient's current psychological symptoms or prior attempts to manage depression. A progress report dated May 8, 2014 identifies subjective complaints of shoulder and knee pain. Objective findings revealed restricted range of motion in the lower extremities with antalgic gait. Diagnoses include facial contusion, cervical strain, shoulder contusion, knee contusion, lumbar strain, and right meniscus tear. The treatment plan recommends acupuncture, 2nd opinion, and states that the patient is "very emotional was crying in my office. Feels stress. I recommended she make an appointment with her personal physician to address her stress on a nonindustrial basis." A progress report dated October 8, 2014 identifies subjective complaints of the patient stating she is "depressed secondary to her industrial injury." Physical examination does not include a mental status exam. Diagnoses include meniscus tear of the right knee. The treatment plan recommends psychiatric consultation as she has "developed depression."

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391,398.

Decision rationale: Regarding the request for psychiatric consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there is no indication that the patient has significant psychopathology or serious medical comorbidities to warrant urgent referral to psychiatry. Additionally, there is no documentation indicating how the patient's depressive symptoms have exhibited themselves, how long they have been present, and what kind of treatment has been attempted prior to the request for consultation. In the absence of clarity regarding those issues, the currently requested psychiatric consultation is not medically necessary.