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| <b>Case Number:</b>   | CM15-0138198 |                              |            |
| <b>Date Assigned:</b> | 07/28/2015   | <b>Date of Injury:</b>       | 04/19/2011 |
| <b>Decision Date:</b> | 08/31/2015   | <b>UR Denial Date:</b>       | 07/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/16/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 52 year old male sustained an industrial injury on 4/19/11. He subsequently reported knee pain. Diagnoses include left knee pain. Treatments to date include MRI testing, a knee brace, physical therapy and prescription pain medications. The injured worker is currently without access to a psychiatrist as his psychiatrist no longer accepts worker's comp. The injured worker presents with severe depression and anxiety related to loss of function. A request for Treatment with a psychiatrist, QTY: 1 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation and Treatment with Psychiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 127.

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

**Decision rationale:** 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, be 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. This patient has been described as suffering from severe depression, is being treated with psychotherapy by a psychologist, and Zoloft has been initiated by [REDACTED], physical medicine. Treatment by a psychiatrist is medically necessary. On 07/24/15 a psychiatry consultation was approved but there were no records showing that this service has been provided. Until records are updated this request is not medically necessary.