

Case Number:	CM15-0140835		
Date Assigned:	07/30/2015	Date of Injury:	12/05/2014
Decision Date:	08/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/20/2015

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

Certification(s)/Specialty: Psychologist

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 34-year-old female, who sustained an industrial injury on 12-5-2014. The mechanism of injury was sustained when straps snapped while strapping a metal base. The injured worker was diagnosed as having right thumb contusion and sprain, cervical spine sprain-strain and right shoulder sprain-strain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5-28-2015, the injured worker complains of cervical spine pain 5 out of 10 with right upper extremity radicular pain, right shoulder pain rated 5 out of 10 and right thumb-hand pain rated 3 out of 10. The treating physician is requesting Consult with psychiatrist/psychologist and Internal assessment consult for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with psychiatrist/psychologist Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT.

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

Decision rationale: Citation Summary: According to the 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 the patient may facilitate a referral for 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 also 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 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for a consult with psychiatrist or psychologist quantity 1, the request was non-certified by utilization, review was provided the following rationale: "medical records that have been provided to this review or have not established medical necessity for consultation. No psyche issues have been described." This IMR will address a request to overturn that decision. According to a PR-2 decision, report from May 28, 2015 the patient is reporting shortness of breath with anxiety and there is a notation of stress, anxiety, depression, sleep disturbance with a recommendation for evaluation and treatment to follow. Based on of the medical records that were provided for consideration, the medical necessity of the request for a psychiatric consultation (1) is reasonable and appears to be medically appropriate for this patient at this juncture. She is showing symptoms of delayed physical recovery after conservative treatment and there is evidence of related psychological sequelae in the form of anxiety. Because the medical reasonableness and necessity of the requested been adequately established, the utilization review decision of non-certification is overturned in the request for one psychiatric consultation is approved. This request is medically necessary.

Internal assessment consult for anxiety Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT.

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

Decision rationale: Citations summary: According to the 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 the patient may facilitate a referral for 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 also 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 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for a Internal assessment consult for anxiety quantity 1, the request was non-certified by utilization review was provided the following rationale: "medical records that have been provided to this review or have not established medical necessity for consultation. No psyche issues have been described." This IMR will address a request to overturn that decision. The distinction between this request and the above request for a psychiatric or psychological consultation is not clearly made in the provided documentation and this request therefore appears to be redundant and thus medically not necessary given that the above request has been approved. For this reason, the utilization review decision is upheld on this treatment modality. This request is not medically necessary.