

Case Number:	CM15-0145460		
Date Assigned:	08/06/2015	Date of Injury:	03/22/1999
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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:

The injured worker is a 66 year old male with an industrial injury dated 03/22/1999. His diagnoses include right knee internal derangement, status post right knee arthroscopy x3, lumbar/thoracic/cervical spondylosis, hypertension, cerebrovascular disease and major depressive disorder single episode moderate. He developed psychiatric symptoms secondary to his orthopedic pain and impairment. Treatments have consisted of diagnostic studies, medications, home care, and psychotherapy. In a progress note of 12/18/2014 he reported decreased motivation and depressed mood. Notes showed that therapy provided him with emotional relief from tension and distress. He had been prescribed Cymbalta and Trazodone for at least a year at that point. Objective findings showed flat affect and visible difficulty with ambulation. In a more recent progress note of 03/19/2015, the injured worker reported increased right buttock and right leg radiating symptoms. He continued to receive 24-hour assistance from spouse. Objective findings revealed depression, unstable gait with forward lumbar decompensated stance and cane assistance, right paralumbar tenderness, and positive straight leg raise. The treatment plan consisted of 24 hour home care, medication management, and close psychiatric and psychological care. UR of 07/08/15 noncertified the request for psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Treatment Index, 11th Edition (web) 2015, Pain, Office Visits.

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

Decision rationale: The patient suffers from major depressive disorder single episode moderate. Past treatment includes Cymbalta, Trazodone, and CBT. ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidity, and that serious conditions such as severe depression be referred to a specialist. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. However he had been seeing [REDACTED] for psychiatric care. There were no current records provided for review, so it is unknown if he is still receiving medications or psychotherapy. The patient's symptoms, severity, and current diagnoses were not presented. The rationale for this request is unclear, therefore this request is not medically necessary.