

Case Number:	CM15-0186078		
Date Assigned:	09/28/2015	Date of Injury:	08/08/2013
Decision Date:	11/10/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of June 8, 2013. In a Utilization Review report dated August 21, 2015, the claims administrator failed to approve a request for a psychiatric referral. An RFA form received on August 17, 2015 was referenced in the determination. The claims administrator contended that its decision was based on non-MTUS Chapter 7 ACOEM Guidelines but mislabeled the same as originating from the MTUS. Said guidelines were not, however, incorporated into the report rationale. The claims administrator contended that the treating provider had failed to furnish a clear or compelling evidence of residual mental health issues. The applicant's attorney subsequently appealed. On June 12, 2015 supplemental medical-legal evaluation, it was stated that the applicant had ongoing issues with posttraumatic stress disorder (PTSD), depression, and anxiety with resultant Global Assessment of Function (GAF) of 65. On July 27, 2015, the applicant was again described as having issues with fatigue, irritability, and anxiety with attendant social withdrawal and irritability. The applicant's work status was not detailed, although it did not appear that the applicant was working. Multiple progress notes interspersed through 2014 and 2015 suggested that the applicant had longstanding mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Psychiatric Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, Page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Yes, the request for a referral to a psychiatrist was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious [mental health] conditions may need a referral to a psychiatrist for medication therapy. Here, the applicant had a variety of mental health issues present at various points in 2014 and 2015. Obtaining the added expertise of a psychiatrist was, thus, indicated to delineate the extent of the same and/or formulate appropriate treatment options. Therefore, the request was medically necessary.