

Case Number:	CM15-0187326		
Date Assigned:	09/29/2015	Date of Injury:	08/11/2014
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/23/2015

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 46 year old female, who sustained an industrial-work injury on 8-11-14. A review of the medical records indicates that the injured worker is undergoing treatment for depressive disorder and anxiety disorder and physical disorders and conditions. Medical records dated 8-19-15 initial behavioral pain management and psychological evaluation report indicate that the injured worker complains of depressed mood, reduced interest in activities, fatigue and lowered energy, worthless or guilt, diminished ability to think or concentrate, sleep disturbance, weight increase and appetite increase. In terms of anxiety symptoms the injured worker reports excessive worry, difficulty controlling the worry, feelings of panic, restlessness, anxiety causing irritability and fatigue and sleeping difficulty. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-19-15 the injured worker has not returned to work since 8-15-14. The physical exam dated 8-19-15 reveals that the beck depression inventory score is 23 which place her in the moderate range of clinical depression. In examining her overall pattern of symptoms, the injured worker's responses appear to emphasize both affective and cognitive symptoms of depression. The beck anxiety inventory score for the injured worker was 21 which are suggestive of a moderate anxious state. The physician indicates that given the psychiatric diagnoses she is likely to require a combination of psychotropic medication and individual counseling treatment. Treatment to date has included pain medication, psyche care, Cognitive Behavioral Therapy (CBT), bio-feedback, lumbar epidural steroid injection (ESI) 7-24-15, diagnostics, and other modalities. The request for authorization date was 8-24-15 and requested services included Psycho-pharmacologic referral x1 and Follow up visit

with psychologist within 6-8 weeks. The original Utilization review dated 9-3-15 non-certified the request for Psycho-pharmacologic referral x1 and Follow up visit with psychologist within 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho-pharmacologic referral x1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the medical records, the injured worker continues to experience chronic pain since her injury in August 2014. She has also developed psychiatric symptoms of depression and anxiety secondary to her chronic pain. She completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 8/19/15. In the evaluation report, it was recommended that the injured worker receive follow-up psychotherapy, biofeedback, an office visit with the psychologist, and a psychiatric/medication management referral. The request under review is based on these recommendations. The ACOEM recommends the use of referrals in the treatment of stress-related conditions. Both [REDACTED] and [REDACTED] present relevant and appropriate arguments for requesting a psychiatric evaluation/consultation in combination with psychological treatment. As a result, the request for 1 psycho-pharmacologic referral is medically necessary.

Follow up visit with psychologist within 6-8 weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Office Visit.

Decision rationale: Based on the medical records, the injured worker continues to experience chronic pain since her injury in August 2014. She has also developed psychiatric symptoms of depression and anxiety secondary to her chronic pain. She completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED], on 8/19/15. In the evaluation report, it was recommended that the injured worker receive follow-up psychotherapy, biofeedback, an office visit with the psychologist, and a psychiatric/medication management referral. The request under review is based on these recommendations. It is noted within the psychological evaluation report that the requested follow-up visit with the psychologist is to administer psychological assessments such as the BDI/BAI in order to assess the progress being made from the provided psychotherapy sessions. Considering that the injured worker may be

receiving psychotherapy from a clinician other than a psychologist, the follow-up visit being requested ensures that the assessment tools are being administered by an appropriate physician. As a result, the request for one follow-up visit with the psychologist within 6-8 weeks is medically necessary.