

Case Number:	CM15-0188011		
Date Assigned:	09/29/2015	Date of Injury:	09/07/2012
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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 41 year old female who sustained an industrial injury on 9-7-12. A review of the medical records indicates she is undergoing treatment for pain disorder with both psychological factors and a general medical condition, anxiety disorder, depressive disorder with "rule outs" of major depressive disorder and generalized anxiety disorder with agoraphobia. Medical records (3-25-15 to 9-9-15) indicate ongoing complaints of persistent right-sided leg pain with numbness and tingling to the buttock, and muscle spasms and pain in the right lower back. Secondary to chronic pain and impaired function, she has complained of ongoing anxiety, panic attacks, sleep disturbance, irritability, self-criticism, and depression. During the week of 9-2-15, psychological testing revealed "decreased anxiety and depression scores" and "no change in pain catastrophizing scores." Her symptoms included "sadness x7 per week, low motivation x2 per week, crying x2 per week, and nervousness x3-4 per week." The effects on her activities of daily living include needing to sit for bathing and dressing, requiring assistance from family to carry heavy items, do household chores, shop for groceries, and do laundry. She notes her sleep is disrupted due to pain, causing her to awaken "x3 per night." She averages "7.5 hours per night". Treatment has included pain medications, Celexa and Cymbalta for secondary depression, and a total of 24 sessions of cognitive behavioral therapy and biofeedback. The treating provider indicates that a "two-month interruption in treatment starting 4-8-15" occurred due to denial of requested treatment. The provider indicates that the denial was reversed on appeal, but the injured worker's "depression and anxiety symptoms worsened during the interruption including the return of panic attacks x 4-5 per week". The treatment recommendation is "continuation of individualized psychotherapy, consisting of relaxation training, systematic desensitization, behavioral management, and biofeedback". The treating

provider states "in conjunction with treatment, patient care will include periodic case conferences with nurse case managers, claims examiners, and other health care providers involved with the patient's care during the authorized treatment dates". The utilization review (9-17-15) indicates requests for authorization, including psychiatric consultation (1), extended time (1), record review (1 hour), case conference (1 hour), and report (6 units). The determination was modified to certify psychiatric consultation (without extended time), record review, case conference, and report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation (1), extended time (1), record review (1 hour), case conference (1 hour), and report (6 units): Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation ACOEM guidelines for Independent medical examinations and consultations regarding Referrals, Chapter 7.

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

Decision rationale: ACOEM chapter 15 page 398 B, Referral. 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. A request was made for psychiatric consultation (1), extended time (1), record review (1 hour), case conference (1 hour) and report (6 units); the request was modified by utilization review to certify psychiatric consultation (without extended time), record review, case conference and report. Utilization review provided the following rationale for its explanation of modification: The need for consultation with a psychiatrist is established. However, there is no need for a full psychiatric consultation with extended time since the patient already has had a psychiatric consultation with [REDACTED] on April 21, 2015. While it is noted that there was a two-month interruption in treatment, a completely new consultation with extended time should not be required if the consulting psychiatrist is already performed a detailed psychiatric evaluation. This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this review. The issue being disputed is whether or not the requested psychiatric consultation should be an extended session or not. Utilization review did modify the request to allow for a psychiatric consultation. Based on the provided medical records, this patient has received adequate comprehensive psychiatric and

psychological evaluations in the past, there is sufficient and detailed information regarding the patient's psychiatric and psychological status such that the need for an extended session appears to be redundant at this time to prior treatment. Because this request contains significant redundancies, the request is not medically necessary or established and utilization review decision for modification is upheld.