

Case Number:	CM15-0195890		
Date Assigned:	10/09/2015	Date of Injury:	01/28/2010
Decision Date:	11/25/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/05/2015

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, Arizona, Maryland
Certification(s)/Specialty: 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 56 year old male, who sustained an industrial injury on 1-28-2010. The injured worker is undergoing treatment for major depressive disorder, anxiety state, sleep disorder and psychic factors affecting medical condition. Medical records dated 9-17-2015 indicate the injured worker's "mood and pain tolerance have been decreasing" despite his wife retiring early to provide care for him. Sleep is reported to be only 1-2 hours a night due to pain and depression. The treating physician indicates psychotherapy on an industrial basis has stopped due to denial. Physical exam dated 9-17-2015 notes his mood is deteriorated, quite depressed, lethargic and "he was frightened about his gastrointestinal (GI) system as he is unable to eat." Treatment to date has included medication, psychotherapy and psychiatric care. The original utilization review dated 9-24-2015 indicates the request for psychiatric consultation is certified and psychiatric treatment is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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 & Stress/ Office visits.

Decision rationale: The injured worker suffers from chronic pain secondary to industrial trauma and developed psychological consequences from the same. He is undergoing treatment for major depressive disorder, anxiety state, sleep disorder and psychic factors affecting medical condition. It has been suggested that he has undergone extensive psychotherapy treatment so far and continues to experience insomnia and depression for which a Psychiatric consultation has been authorized, the results of which are unknown at this time. The request for Psychiatric treatment does not identify the number of visits or any medications being requested. The clinical need for further treatment can be based on assessment of the Psychiatric consultation report. Thus, the request for Psychiatric treatment is not medically necessary at this time.