

Case Number:	CM15-0195900		
Date Assigned:	10/09/2015	Date of Injury:	09/14/2011
Decision Date:	11/24/2015	UR Denial Date:	09/04/2015
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

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 52 year old female, who sustained an industrial injury on 9-14-2011. The injured worker is being treated for major depressive disorder single episode moderate, anxiety disorder, and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included medications and psychiatric evaluation and treatment. Per the Primary Treating Physician's Progress Report dated 8-17-2015, the injured worker presented for reevaluation. Per the review of medical records she was treated in the Emergency Department (ED) in June for a panic attack and administered Ativan. She reported neck pain, bilateral elbow pain, bilateral wrist and fingers pain, lumbar spine pain, abdominal pain and bloating and psychological complaints of depression, anxiety, feeling desperate and shortness of breath. Psychological symptoms are being treated by another provider. She ran out of her psychiatric medications about two months ago. Ambien and Ativan are prescribed by a different provider. Work status was permanent and stationary. The plan of care included follow-up care with a psychiatrist as well as medications. Authorization was requested for psychiatric consultation. On 9-04-2015 Utilization Review non-certified 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 consultation: Overturned

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

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

Decision rationale: Based on the review of the medical records, the injured worker had been receiving psychiatric services from [REDACTED] for an unknown duration of time. Unfortunately, none of [REDACTED] records are included for review. According to [REDACTED] 8/17/15 report, the injured worker last saw [REDACTED] in August 2014 and received 2 phone appointments/sessions in February 2015. The report further indicates that the injured worker was seen in the emergency room in June 2015 as a result of a panic attack. It is unclear why the injured worker has not been seen by [REDACTED] again since the February 2015 phone sessions. Despite this, the injured worker appears to be in need of an updated psychiatric consult to determine if she is in need of further psychiatric medication management services. As a result, the request for a psychiatric consultation is reasonable and medically necessary.