MAXIMUS Federal Services

Case Number:	CM15-0215281		
Date Assigned:	11/05/2015	Date of Injury:	07/02/2010
Decision Date:	12/16/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	11/02/2015

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: Internal 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 injured worker is a 57 year old female with an industrial injury date of 07-02-2010. Medical record review indicates she is being treated for depression, anxiety and insomnia. In the treatment note dated 09-14-2015, the injured worker reported fatigue, increased appetite, impaired attention and concentration. She reported a loss of interest in things she liked to do along with feelings of helplessness and hopelessness. She denied suicidal or homicidal ideation. She also complained of chronic pain from her bilateral upper extremities and low back area. Medication included Cymbalta, Restoril, Melatonin, Xanax, Robaxin, Gabapentin, Singular, Estrogen and Percocet. Objective findings (09-14-2015) noted the injured worker was alert and oriented, cooperative, good eye contact and normal psychomotor activity. Affect was appropriate, speech within normal limits and mood was euthymic. Attention and concentration appeared impaired. On 09-28-2015 the request for follow up visits with a psychiatrist for medication (every 4 weeks) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 follow up visits with a psychiatrist for medication (every 4 weeks): Overturned

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: The chronic pain section states that in chronic pain it is often beneficial to have psychological intervention. This would include setting goals, understanding the patient's pain beliefs and cognitive functioning. The AECOM relates that cognitive behavior psychotherapy may be beneficial in stress reduction and that the idea is to change one's perception of pain, stress, and subjective approach to his disabilities and problems. This type of therapy has been found to be effective in short-term control of pain and also in treating the long-term effects of pain and in facilitating return to work. The AECOM states that the initial patient assessment is critical for detecting emotional problems requiring referral to a psychiatrist. Red flag symptoms indicating an urgent referral to a psychiatrist or other mental health provider include impaired mental functioning, overwhelming symptoms, or signs of substance abuse. The AECOM also states that psychological referral is often indicated if significant psychopathology or serious comorbidities are present. It also states that severe stress related depression and schizophrenia should be referred to a specialist. However, common conditions such as mild depression can be handled by the PCP. However, if the depression lasts for more than 6 to 8 weeks a psychiatric referral may be considered. Lastly, issues related to work stress or person- job fit may be handled with talk therapy with a psychologist or other mental health professional. More serious conditions should be sent to a psychiatrist for consideration of treatment. Our patient has had chronic depression and also chronic pain. Treatment with a psychiatrist can be beneficial for both of these scenarios. Therefore, the UR decision is overturned; the request is medically necessary.