

Case Number:	CM15-0216920		
Date Assigned:	11/06/2015	Date of Injury:	10/07/2013
Decision Date:	12/29/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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 54 year old male, who sustained an industrial injury on 10-7-13. The injured worker was diagnosed as having a major depressive episode. Treatment to date has included psychiatric counseling and medication including Escitalopram and Gabapentin. On 10-6-15 the treating physician noted the injured worker was slightly frustrated and upset. On 10-6-15, the injured worker complained of depression and sleep disturbance. The treating physician requested authorization for a psychiatry consultation. On 10-21-15, the request was modified to certify a psychiatry follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: 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 a psychiatry consultation, the request was modified by utilization review to allow for a psychiatry follow-up visit. Utilization review provided the following rationale for its decision: "The request is being modified from a psychiatry console to a psychiatry follow-up visit which per [REDACTED], is what was intended to be ordered." This IMR will address a request to overturn the utilization review decision. The medical necessity of the request for psychiatry consultation is not established by the provided documentation. The medical records indicate that the patient is actively engaged in psychiatric treatment at the time of this request. According to a psychiatric treatment progress note from July 9, 2015, the patient has been diagnosed with Major Depressive Episode, Moderate. He is being treated with Gabapentin and Escitalopram (Lexapro). The patient is well-known to a psychiatrist and a psychological consultation (e.g. evaluation, initial assessment) is not needed at this time and according to the utilization review report has been noted by the Nurse Practitioner in the requesting physician's office to of been a mistake when what was requested was a follow-up visit. Utilization review modified the request to allow for follow-up visit. No documentation was provided regarding this request to explain why a consultation would be needed at this juncture. Therefore, the request is not medically necessary and is not established and utilization review decision is upheld.