

Case Number:	CM15-0219682		
Date Assigned:	11/12/2015	Date of Injury:	02/22/2013
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/09/2015

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 male who sustained an industrial injury on 02-22-2013. His injuries included a closed head injury in the context of a motor vehicle accident in 02-2013. During a psychiatric consultation 02-17-2014, the worker was started on an antidepressant and a sleeping aid which he continued at least through 06-12-2014. On 04-22-2015 the worker presented with stress, anxiety and depression when seen in a scheduled office visit for his multiple orthopedic complaints. The request for authorization dated 10-08-2015 requests a revision and extension for the previously authorized psychiatric consultation current authorization expired 08-31-2015. Looking back at the primary treating physician's progress reports, the worker was seen on 04-22-2015, and was not seen again by the primary treating physician until the office visit of 06-11-2015. At that office visit of 06-11-2015, the worker had orthopedic complaints but also had blurred vision, seizures, and depression. His medications "have not changed". When last listed, they included Effexor and Trazodone (03-29-2014). In the exam dated 07-21-2015, the worker is seen for complaints of bilateral wrist/hand pain, low back pain and bilateral ankle /foot pain. His exam is essentially unchanged. The treatment plan included a request for authorization for psychiatric treatment for depression and medication. A request for authorization dated 10-08-2015 requests a revision and "extension for the previously authorized psychiatric consultation" "current authorization expired 08-31-2015". A request for authorization was submitted for Psychiatric treatment for depression "as the previous doctor is no longer available". A utilization review decision 10-15-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric treatment for depression: Upheld

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

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

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his work-related injury in 2013. He has also developed psychiatric symptoms secondary to his chronic pain. The request under review is for psychiatric treatment for depression. Unfortunately, the injured worker has yet to complete an initial psychological nor psychiatric consultation. An evaluation/consultation is essential prior to the commencement of any services. An evaluation not only offers specific diagnostic information, but appropriate treatment recommendations as well. Without a completed evaluation, the request for treatment is premature. As a result, the request for psychiatric treatment for depression is not medically necessary.