

Case Number:	CM15-0061198		
Date Assigned:	04/07/2015	Date of Injury:	09/18/2008
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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 64-year-old female, who sustained an industrial injury on 9/18/2008. The mechanism of injury was not provided for review. The injured worker was diagnosed as having major depressive disorder, anxiety disorder and pain disorder, right knee replacement, rotator cuff repair, chronic pain syndrome and myofascial pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, knee injections, psychological treatment and medication management. In a progress note dated 2/13/2015, the injured worker complains of bilateral knee pain and right shoulder pain, depression and anxiety. The treating physician is requesting psychiatrist consultation for psychotropic treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist consultation for psychotropic treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral.

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. Decision: According to the provided medical records, the patient continues to experience difficulties with depression, anxiety, and poor sleep. A request was made for one (1) session of psychiatric consultation for psychotropic medication. Given the patient continues to report significant psychiatric symptomology as a result of her industrial related injury the request for one psychiatric consultation was not found to be excessive. The medical necessity of the request appears reasonable and therefore is established. The utilization review determination for non-certification of one psychiatric consultation is overturned.