

Case Number:	CM15-0085064		
Date Assigned:	05/29/2015	Date of Injury:	04/07/2010
Decision Date:	06/25/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/04/2015

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 57-year-old female, who sustained an industrial injury on April 7, 2010. Treatment to date has included work restrictions, medication and psychotherapy. Currently, the injured worker complains of issues with sleeping and poor appetite. She has issues with concentration as well. The evaluating physician notes that she has had improvement in her condition but is still symptomatic while in pain. The injured worker is waiting for knee replacement. The diagnoses associated with the request include depressive disorder and panic disorder. The treatment plan includes work restrictions and individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric medicine consultations 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: According to the ACOEM 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, are 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 medication therapy. Decision: A request was made for psychiatric medicine consultation 6 sessions; the request was modified by utilization review to allow for one session of consultation. The rationale for utilization reviews decision was stated as: "the use of psychiatric medicine consultation is indicated. The patient has been noting benefit with previous psychotherapy sessions. The use of antidepressants may be helpful to alleviate her symptoms of depression and work in conjunction with any psychotherapy sessions the patient undergoes. The guideline supports the use of a referral for medication evaluation or the psychiatric complaints the patient is dealing with. One psychiatric medicine consultation is indicated at this time to determine if the medications recently prescribed or suitable for this patient or if modification to treatment is necessary to help the patient continued to improve. This recommendations for consultation only and not for any particular treatment or medication." This IMR will address a request to overturn that decision. According to provided medical records, the patient has been diagnosed with: Depressive Disorder Not Otherwise Specified and Pain Disorder Associated with Psychological and Medical Factors. She has been prescribed the medication Zoloft 25 mg for depression. According to a January 9, 2015, examination is noted that the patient has reoccurring symptoms of low energy, insomnia, and frequent states of apathy. She is also noted to have a dysphoric mood/anxiety and "manifest congruent affect to the relevant thought content of relating the history of her work related injury." It is also noted that there's no evidence of psychotic thought disorder or any delusional ideation. The provided medical records do reflect the patient suffering from psychological sequelae primarily depression and anxiety. There is no evidence of severe mental illness such as schizophrenia, very severe depressive symptoms, or other psychiatric comorbidities. Although psychiatric consultation is indicated in this case, the request for 6 sessions is excessive in quantity and thus the medical necessity is not necessary and the utilization review determination for non-certification with modification to allow for one psychiatric consultation is upheld.