

Case Number:	CM14-0120530		
Date Assigned:	08/06/2014	Date of Injury:	09/26/2013
Decision Date:	11/10/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is a licensed Doctor of Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the medical records that were provided for this IMR, this patient is a 55 year-old female who reported an industrial accident that occurred on September 26, 2013. The injury reportedly occurred during her normal work duties at [REDACTED] when she slipped on water in the freezer, fell on her back and when she tried to get up she fell again and struck the base of her head on a bucket. Her vision became "dark and she briefly felt dizzy." A coworker opened the door to the freezer she was taken to the hospital. She reported at that time pain in her head, upper back, neck, right elbow, right hand, low back, right thigh, left ankle. A splint was placed on her left ankle and she received a neck and some brace. Currently, she reports neck pain that is constant and radiates into the upper back with numbness, occipital and frontal headache; and low back pain is constant and radiates bilaterally to the feet/toes. Pain impacts activities of daily living in terms of: ambulation, hand function, physical activity, self-care/hygiene, sexual, sleep. Medical diagnoses include: chronic pain, cervical and lumbar disc degeneration, cervical and lumbar radiculopathy; cervical and lumbar stenosis, lumbar disc displacement, depression, stomach complaints. Treatment plan listed by her primary treating physician states that she needs to be evaluated by a spine surgeon for possible back surgery and a request for pain management and psychiatric treatment. The Beck Depression Inventory screen was completed in May 2014 and revealed a score of 25 which corresponds with moderate depression. In June 2014 she was referred for psychological evaluation which was completed and included in the records for this IMR. Psychologically she reports feeling sad, stressed, depressed, and trapped because inability to work in the active with anxiety about the future and financial situation. She reports no longer being able to go out and do fun things with her partner and gaining 20 to 30 pounds. She reports not being able to support her family back in [REDACTED] by sending money home to them and has trouble sleeping. She reports sexual activity causes worse pain and that she has lost sexual desire.

There was another slip and fall accident while she was working at [REDACTED] in 2006-2007 and she was told "to seek treatment on her own or see a masseuse", she recovered fully with time. In another slip and fall injury that occurred October 2012 she injured her low back and experienced numbness down the right leg when she slipped and fell while working for [REDACTED]. She also sustained a "continuous trauma injury from January 1, 2008 to May 21, 2013 and was legally represented and had her pain treated with medication and physical therapy." Currently she was diagnosed with: Depressive Disorder, Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified; Female Hypoactive Sexual Desire Disorder Due To Chronic Pain; Sleep Disorder Due To Chronic Pain, Insomnia Type; Stress-Related Physiological Response Affecting General Medical Condition (G.I. Disturbance, Headache). A request was made for Psychiatric Evaluation, the request was not approved with the utilization review rationale stated as: "there is no indication that the injured worker has undergone an initial behavioral medicine consultation to establish a working diagnosis and individualized treatment plan for this patient... The patient reportedly underwent MMPI testing but these results are not known." This IMR will address a request to overturn the UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388,398-402.

Decision rationale: The MTUS addresses the issue of psychiatric referral by stating "if symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated." Also, "specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions such as mild depression referred to a specialist after symptoms continue for more than 6 to 8 weeks....Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The utilization review rationale for non-certification contained several errors: it stated that there was not "an initial behavioral medicine consultation to establish a working diagnosis and individualized treatment plan." This documentation was provided were this review. It is possible that the evaluation was not available at the time of the initial utilization review decision and that this additional information was provided subsequently for this IMR. Another mistake was that the utilization review used the criteria for psychological evaluation rather than addressing the issue of psychiatric evaluation. The patient already has had a psychological evaluation in May 2014 and does not need another one as it would be redundant. However, the medical records revealed that the patient is suffering from significant psychological symptoms that have persisted longer than 6 to 8 weeks and might benefit from

psychiatric medication. Therefore the request for a psychiatric evaluation is a reasonable request and the medical necessity has been established by the included psychological evaluation that was conducted. Therefore the request is medically necessary. The utilization review rationale for non-certification contained several errors: it stated that there was not "an initial behavioral medicine consultation to establish a working diagnosis and individualized treatment plan." This documentation was provided were this review. It is possible that the evaluation was not available at the time of the initial utilization review decision and that this additional information was provided subsequently for this IMR. Another mistake was that the utilization review used the criteria for psychological evaluation rather than addressing the issue of psychiatric evaluation. The patient already has had a psychological evaluation in May 2014 and does not need another one as it would be redundant. However, the medical records revealed that the patient is suffering from significant psychological symptoms that have persisted longer than 6 to 8 weeks and might benefit from psychiatric medication. Therefore the request for a psychiatric evaluation is a reasonable request and the medical necessity has been established by the included psychological evaluation that was conducted. Therefore the request is medically necessary.