MAXIMUS Federal Services

Case Number:	CM14-0130662		
Date Assigned:	09/16/2014	Date of Injury:	10/17/2011
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/15/2014

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 Board Certified in Psychiatry, Neurology and Addiction Medicine, has a subspecialty in Geriatric Psychiatry 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:

The injured worker is a 39 year old male whose date of injury is 10/17/2011. His primary diagnoses are superficial left elbow injury and right ulnar neuropathy. The doctor's first report of occupational injury noted that the patient was inserting a plastic line between two rollers when one pulled and twisted around his left arm, crushing it in the process and causing an abrasion and burn injury to the left elbow, and left ulna fracture. The patient received a pain injection and shoulder sling. He had three sessions of whirlpool therapy to his left arm, which he reported did not help. He received physical therapy and pain medications. He reported developing anxiety and sleep loss due to his symptoms. He developed tight skin around the abraded area and underwent surgery to excise scar tissue around 2012, then on 10/04/13 underwent release of a mild flexion contracture of the left elbow. An addendum to the doctor's first report dated 04/14/14 is positive for depression, anxiety, stress, and difficulty sleeping. Neurological testing of 05/28/14 showed no electrical evidence of ulnar neuropathy at the left cubital tunnel or Guyon's canal, no electoral evidence of left carpal tunnel syndrome, and no electrical evidence of a cervical radiculopathy or brachial plexopathy affecting C5-T1 motor nerve fibers of the left upper extremities or the cervical paraspinals. PR2's of 05/29/14 and 07/14/14 are positive for depression, anxiety, and difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

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

Decision rationale: CA-MTUS does not address psychiatric evaluations. Per 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 with the patient may facilitate a referral or 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 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 six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. There is no data provided to support the need for a psychiatric consultation. Although reports show anxiety, depression, sleep loss/difficulty, and stress, there are no objective symptoms to justify the need for this consultation, e.g. hopelessness, tearfulness, difficulty falling asleep, agitation, etc. There are no subjective statements made by the patient describing any symptoms experienced, the relationship in time of their development to his date of injury and subsequent treatments, and the impact on his life and return to work. It is not apparent from records provided that this patient suffers from significant psychopathology, or that he has had symptoms that have persisted for more than 6-8 weeks (ACOEM guidelines). As such this request is not medically necessary.