

<b>Case Number:</b>	CM14-0149012		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 and is licensed to practice in Illinois & Wisconsin. 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 patient is a 38 year old male who was injured in April of 2012. Clinical information is extremely limited and the provider only submitted a poorly legible report dated 8/15 of this year. The patient evidently sustained an injury to his lower back while lifting sheet rock. Reported medications include Mobic, Tramadol, Cyclobenzaprine and Fenoprofen. No psychological or psychiatric symptoms are reported. Coverage for a consult for psychiatric medication has been requested and denied due to lack of medical necessity. This is an independent review of the previous request for a consult for psychiatric medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for psychiatric medication management:** 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:** The above citation indicates the following: " Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities.... It is recognized that primary care physicians and other nonpsychological 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, be referred to a specialist after symptoms continue for more than six to eight weeks". The provider did not provide sufficient information to establish medical necessity as there is no documentation of any psychiatric or psychological symptoms, indications for or trials of psychotropic medications or any serious psychiatric comorbidity which would require a specialty consult. The provider did not give a patient specific rationale but rather provided a generic guideline recommending psychological treatment based on the State of California MTUS. The MTUS are silent on psychiatric treatment which is the requested service. Thus medical necessity for a consult for psychiatric medication management does not appear to be present based on the limited clinical data submitted according to the evidence based guidelines set forth in the State of California MTUS and the ACOEM.