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| Case Number: | CM14-0164829 | | |
| Date Assigned: | 10/09/2014 | Date of Injury: | 02/08/2008 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/07/2014 |

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 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 49 year old male injured worker had an industrial accident on 2/8/2008. The details of the accident and injuries were not included in the medical record. The diagnoses included carpal tunnel syndrome, right and left elbow releases, and releases of the first second and third fingers of the right hand. The treatment included Norco, Naproxen and Prilosec. The injured worker complained of increasing pain, weight loss, sleep disruption, fatigue, nervousness and depression in the physician's progress notes from 4/1/14 through 9/16/14. The note of 9/16/2014 asked for a referral for a psychiatric evaluation with mention of depression. The UR decision on 9/29/14 indicated a psychiatric referral was approved in 2012 but with no record of effectiveness or continued therapy. The injured worker was not on any psychoactive medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations (2009) Page(s): 100-101.

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

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Per report dated 9/16/2014, the injured worker reported continued depression and anxiety. There is no report regarding any medication trials for the same. There is also a report that suggests that the injured worker was approved for a psychiatric referral in 2012, however there are no further details available. Per guidelines, specialty referral may be necessary when patients have significant psychopathology. Also, it is recommended that specialty referral should be made in case the primary treating provider is unable to treat the symptom or if the psychopathology is severe. The request for Psychiatric Consult is not medically necessary.