

Case Number:	CM14-0168215		
Date Assigned:	10/15/2014	Date of Injury:	02/22/2006
Decision Date:	11/18/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/13/2014

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 licensed in Clinical 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 records provided for this independent medical review, this patient is a 53 years and 11 months old female who reported a work-related injury that occurred on February 22, 2006. The mechanism of injury was not noted in the medical records provided. A partial list of her medical diagnoses include: "lumbar disc with radiculopathy, degeneration of lumbar disc, post laminectomy syndrome, reflex sympathetic dystrophy of lower limb." She continues to report chronic pain, depression, and anxiety with complaints of low back pain that radiate to her right leg and causing pain in her feet bilaterally that makes it difficult to walk and impossible to drive with burning and weakness in her feet. Psychologically, she reports crying most days with disturbed sleep cycle, she reports passive suicidal thoughts without plan/intention. A request was made for psychiatry consultation 1x1. The stated reason for the request is for: "psychiatric medication and management of depression and that she has been seeing a psychiatrist for a long time (unspecified) who has told her that he can no longer see her, but that another psychiatrist in the practice can. She sees the psychiatrist for psychiatric medication and management of depression. She has a PHQ-9 score of 17 which indicates ongoing depression that needs treatment." She is currently prescribed diazepam 10 mg tablet one tablet QD PRN, and Trazodone 50 mg. The patient reports feeling little or no pleasure in doing activities nearly every day and feeling down, depressed or hopeless nearly every day with sleeping difficulty poor energy appetite disturbance, poor concentration, and psychomotor retardation. A treatment progress note from September 15, 2014 notes that the patient's medication treatment protocol has remained stable for more than a year. Concerns with transportation have made her participation in a functional restoration program difficult. She has been participating in psychological treatment sessions. Her psychologist has diagnosed her with: Major Depressive Disorder, Chronic Pain Syndrome Associated with Both Psychological Factors and a General Medical

Condition. Beck Depression Inventory score consistent with moderate depression and Beck anxiety inventory consistent with severe anxiety. A psychiatric consultation note from January 2014 states that she is doing well on the full dose of the Trazodone, but a more recent note seems to imply that she has discontinued this anti-depressant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation 1X1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines part two, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: The ACOEM states that "specialty referral may be necessary when patients have significant psychopathology or serious medical co-morbidities. 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 a mild depression, may be 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 MTUS treatment guidelines is non-specific for psychiatric evaluations, however it does provide recommendations for psychological evaluation. The guidelines cited by the utilization review were for a psychological evaluation and psychological treatment. Psychological evaluations are recommended procedures. They are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations to determine if further psychosocial interventions are indicated. With regards to psychological treatment, it is recommended for appropriately identify patients during the treatment for chronic pain. Psychological intervention for chronic pain include setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and posttraumatic stress disorder. With respect to this patient, there is no indication of serious psychopathology, she does however exhibit continued psychiatric symptomology including vegetative signs of depression that would suggest a referral to a psychiatrist is indicated at this juncture. Although she has been participating with a psychiatrist for many years there is a new need to transition her care to a new treatment provider. The initial consultation with a psychiatrist will clarify whether her current medication regime is adequate or needs to be adjusted. Because her depressive and anxious symptomology appears to be continuing and adjustment of her medication may be warranted. It should be noted that the guidelines do state that: "it is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions" and that

this should be considered as a part of the psychiatric consultation. The conclusion of this IMR is that the request for one psychiatric consultation is an appropriate and reasonable request that is medically necessary at this juncture.