

Case Number:	CM14-0185323		
Date Assigned:	11/13/2014	Date of Injury:	02/28/2013
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 that were provided for this IMR, this patient is a 38 year old male who reported an industrial injury that occurred on February 20, 2013. The injury occurred during the course of his work as a driver for a professional paint company lifting and delivering 5 gallon paint buckets throughout his day. A prior related injury was noted on October 14, 2011 when he was stepping up into the back of his work truck and felt the acute onset of right mid back pain and was diagnosed with sprain of the thoracic region and returned to work. Physical therapy and conventional medical treatment were initiated with minimal benefit. He reports ongoing persistent neck pain radiating into the lower back from a lifting injury that occurred in the workplace. Medically, he's been diagnosed with cervical and lumbar strain without radiculopathy; and pain on the left side of rhomboid major muscles. This IMR will address the psychological/psychiatric symptoms as they pertain to the requested treatment. A psychological evaluation was performed April 23, 2013, and he was diagnosed with the following psychological disorders: Depressive Disorder, Adjustment Disorder with Mixed Emotional Features, Anxiety Disorder. The evaluation was not provided for consideration for this IMR. There was no documentation or discussion of the presence of active psychological symptomology. Prior treatments of included physical therapy, aqua therapy, TENS unit, massage, pain medications and conventional medical treatment. There are indications of sexual dysfunction with decreased activity, and poor sleep quality with frequent awakening 10 to 12 times per night due to pain. A request was made for a psychiatric consultation, the request was not approved; this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) referral to a psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

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

Decision rationale: According to the 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 the patient may facilitate a referral for 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 also 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 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. With regards to the current requested treatment for a referral to a psychiatrist, the medical records that were provided for this IMR were insufficient to demonstrate the medical necessity of the request. There was mention of a psychological evaluation that had been completed but it was not made available for consideration. Otherwise there was virtually no discussion of patient having symptomology that would necessitate a psychiatric referral. There was no expressed rationale for the request provided for this review. Requests for treatment should be backed by at least a minimal discussion of the rationale for the referral and some supportive evidence/discussion; in this case none was provided. Therefore, One (1) referral to a psychiatrist is not medically necessary.