

Case Number:	CM14-0024157		
Date Assigned:	06/11/2014	Date of Injury:	02/27/2012
Decision Date:	08/18/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 injured worker is a 60 year old female with date of injury 2/27/2012. The date of the UR decision was 2/4/2014. Mechanism of injury was a work related fall which resulted in injuries leading to chronic pain. She has undergone treatment with physical therapy, home exercises, medication treatment. Report dated 2/25/2014 indicated that she had been experiencing swelling and stiffness in right wrist and requested for a cortisone steroid injection. Report dated 1/22/2014 states that injured worker reported being in constant pain rated 7-8/10, It was indicated that pain was disrupting her sleep and she was waking up through the night due to the same. She also admitted to feeling depressed due to the chronic pain from the injury. The treatment plan listed referral to Psychiatry for complaints of depression, anxiety and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRY REFERRAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92, 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: The injured worker is a 60 year old female who developed chronic pain secondary to work related fall. Per Report dated 1/22/2014, the injured worker reported was in constant pain rated 7-8/10. It was indicated that pain was disrupting her sleep and she was waking up through the night due to the same. She also admitted to feeling depressed due to the chronic pain from the injury. The treatment plan listed referral to Psychiatry for complaints of depression, anxiety and insomnia. ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. Also it states: Issues regarding work stress and person job fit may be handles effectively with talk therapy through a psychologist or a mental health professional. Patients with more serious mental healthconditions may need a referral to psychiatry for medicine therapy. Upon review of the submitted documentation, the injured worker has some complaints of depressed mood, insomnia due to the chronic pain. There has been no evidence to suggest that the symptoms have been tried to manage by the primary treating physician since pain is the main trigger for these symptoms. A Psychiatry referral is not medically necessary at this time as the symptoms are not serious to warrant specialty referral, and they can be tried to be managed at primary provider level at this point.