

Case Number:	CM14-0212941		
Date Assigned:	12/30/2014	Date of Injury:	10/09/2014
Decision Date:	02/27/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 10/9/2014. Mechanism of injury is claimed to be from stress after being transferred to a new position and having ergonomic complaints. Patient has diagnosis of bilateral wrist/forearm carpal tunnel syndrome, bilateral elbow tendonitis, cervical/thoracic/lumbar spine sprain/strain, bilateral shoulder sprain, complaints of stress and anxiety and difficulty sleeping. Medical reports reviewed. Last report available until 11/11/14. Patient has diffuse whole back pains, bilateral shoulder, bilateral elbow and bilateral wrist pains. Also has complaints of anxiety and depression. Objective exam was reviewed and is not relevant to this review. There is no assessment for depression or anxiety documented. "Rationale" for psychiatric referral was for patient's complaint of stress, anxiety and depression. No medication list was documented. Independent Medical Review is for "Psychiatric consultation". Prior Utilization Review on 11/21/14 recommended non-certification. It approved referral physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398.

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

Decision rationale: As per ACOEM guidelines, referrals may be necessary when patient's have significant psychopathology. The vast majority of primary treating physicians are expected to be able to treat and manage mild psychological work related complaints. Guidelines recommend referral only after failure of conservative treatment of mild symptoms for 6-8weeks. The provider has failed to properly assess or treat this patient's mental problems with no documentation of a basic psychological assessment for anxiety or depression. Stress related symptoms should be referred to psychotherapy first and does not require referral to a psychiatrist for medication therapy. Psychiatric consultation is not medically necessary.