

Case Number:	CM14-0213442		
Date Assigned:	12/30/2014	Date of Injury:	09/01/1989
Decision Date:	03/03/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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: Illinois, Wisconsin, Washington
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

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

Very little information is available for review. The only clinical submitted was a copy of an orthopedic evaluation dated 10/1/2014. The patient is a female who was injured in September of 1989. The patient has had complaints of chronic pain. The patient stopped working in 1995 and is collecting Retirement and Social Security. She has bilateral carpal tunnel syndrome and a right shoulder tear. The provider noted that the patient was "rather miserable" and had problems with sleep, depression and stress. This is a review for coverage for a requested psychiatric consultation.

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 Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): (s) 100-102.

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

Decision rationale: As noted above the only reference in the record to psychiatric complaints is an indication of stress, depression and sleep problems. There is no detail regarding the patient's psychiatric status. ACOEM Guidelines indicate that "Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities". The guidelines indicate that "It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions" and recommend that "serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks". Given that there is no indication as to the severity or onset of the patient's psychiatric symptoms medical necessity for psychiatric consultation is not established according to the cited evidence based guideline.