

Case Number:	CM15-0002341		
Date Assigned:	01/14/2015	Date of Injury:	06/19/2012
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: Physical Medicine & Rehabilitation

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 patient is a 60-year-old female with an injury date of 06/19/2012. Based on the 12/09/2014 progress report, the patient complains of feeling sad, helpless, hopeless, less energetic, sensitive, emotional, nervous, restless/agitated, tense, fearful, has difficulty concentrating, fears dying, has nightmares/distressing dreams, hypervigilance, has gastrointestinal disturbances, and headaches. She has poor eye contact, is tearful, has bodily tension, and is tearful when describing work incidents. Psychological testing revealed significant depressive and anxious symptoms. The patient's diagnoses include the following: 1. Major depressive disorder, single episode, mild. 2. Posttraumatic stress disorder, chronic. 3. Insomnia related to PTSD. 4. Stress related to physiological response, affection, gastrointestinal disturbances and headaches. 5. Status post orthopedic injury, headaches, gastrointestinal disturbances, constipation and diarrhea. 6. Problems with access to health care services, paying for med, economic/financial problems. The utilization review determination being challenged is dated 12/22/2014. There are 2 treatment reports provided from 07/29/2014, which is illegible, and from 12/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation (monthly) qty:8: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guide

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The patient presents with feelings of hopelessness, fears dying, has nightmares/distressing dreams, feels restless/agitated, has sleep difficulties, has gastrointestinal disturbances, and headaches. The request is for PSYCHIATRIC CONSULTATION MONTHLY #8 to decrease the frequency/intensity of the patient's depressive and anxious symptoms and to improve the patient's duration and quality of sleep. ACOEM page 127 states, "Occupational home practitioner may refer to other specialist if the diagnosis is uncertain or extremely complex. When psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work relatedness of injury or disease." In this case, the treater is requesting for 8 total consultations, monthly. If the current treater feels that the patient's mood/depression is complex, then the patient should be allowed a consult with his psychiatrist. The requested psychiatric consultation IS medically necessary.