

Case Number:	CM15-0006085		
Date Assigned:	01/29/2015	Date of Injury:	08/09/2010
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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:

The injured worker is a 35 year old male, who sustained an industrial injury on August 9, 2010. The diagnoses have included right shoulder impingement syndrome, lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. Treatment to date has included topical creams and pain medications. Currently he complains of right shoulder pain and persistent pain in the lumbar spine centered over the bilateral sacroiliac joints radiating down to both legs with numbness and tingling. There are PR2's from [REDACTED], MD, neurosurgery, in the latest of 11/20/14 she reported that the IW continues on Paxil 20mg three times per day for persistent pain, as an adjunct to more traditional methods for promoting optimal pain management. Dr. [REDACTED] requested a psychiatric consultation for depression. No signs/symptoms were provided, and there was no psychological evaluation apparently performed. On December 22, 2014 Utilization Review non-certified a psychiatry consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, page 127

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

Decision rationale: The IW has no symptoms of depression described in documents provided for review. He is prescribed Paxil apparently as an adjunct to his other pain treatments. This request is therefore noncertified. Per 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 with the patient may facilitate a referral or 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 nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended 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. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy.