

Case Number:	CM15-0126876		
Date Assigned:	07/13/2015	Date of Injury:	12/22/2010
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented 46-year-old who has filed a claim for chronic neck pain, complex regional pain syndrome, shoulder pain, arm pain, and depression reportedly associated with an industrial injury of December 22, 2010. In a Utilization Review report dated June 3, 2015, the claims administrator partially approved a request for a psychiatry consultation with an associated six to eight visits as two psychiatry visits. The claims administrator referenced a May 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The claims administrator medical evidence log suggested, however, that the most recent note provided was dated February 23, 2015; thus, the more recent note seemingly made available to the claims administrator was not incorporated into the IMR packet. In an Agreed Medical Evaluation (AME) report dated February 23, 2015, the applicant reported ongoing personal and familial issues. The applicant's father, wife, sister-in-law, and mother all had various health issues of their own. The applicant was apparently compelled to assist his ill family members, it was reported. The applicant did have good relations with his family and was working, it was suggested, despite ongoing issues with chronic pain and depression. The applicant was given diagnosis of adjustment disorder with mixed anxiety and depressed mood. The medical-legal evaluator opined that the applicant could return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatry consults x 6-8 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: No, the request for a psychiatry consultation and an associated six to eight visits with said psychiatrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of [mental health] visits should be predicated on the severity of an applicant's symptoms. Here, the severity of the applicant's symptoms so as to compel six to eight psychiatry visits was not established. While the May 24, 2015 office visit on which the article in question was proposed was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. It was not stated why the applicant needed six to eight consecutive psychiatry visits. The applicant's psychotropic medication list was not seemingly incorporated into the February 23, 2015 Agreed Medical Evaluation (AME). The May 24, 2015 progress note on which the RFA was initiated was not incorporated into the IMR packet. The historical information on file failed to substantiate the request. Therefore, the request was not medically necessary.