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| <b>Case Number:</b>   | CM15-0063347 |                              |            |
| <b>Date Assigned:</b> | 04/09/2015   | <b>Date of Injury:</b>       | 02/16/2000 |
| <b>Decision Date:</b> | 05/08/2015   | <b>UR Denial Date:</b>       | 03/09/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2015 |

### 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: Psychologist

### 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 62 year old male who sustained an industrial injury on 2/16/00 involving his right shoulder with a complete rotator cuff tear. He developed rotator cuff arthropathy and had reverse total shoulder injury. The exact mechanism of injury is unclear. He currently complains of ongoing shoulder pain that is worsening. He exhibits decreased range of motion and weakness of the right shoulder. He is depressed due to ongoing pain. His activities of daily living are limited regarding lifting above shoulder area with right extremity. Medication is Motrin. Diagnoses include chronic right shoulder pain, status post reverse total shoulder arthroplasty. Treatments to date include medications. Diagnostics include x-ray of the right shoulder (2/24/15) with abnormalities noted. In the exam dated 2/24/15 the treating provider's plan of care indicates that the injured worker is extremely depressed due to ongoing pain and a psychiatric evaluation is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric evaluation and treatment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines.

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

**Decision rationale:** 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 the patient may facilitate a referral for 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 non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also 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 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for psychiatric evaluation and treatment, the request was non-certified by utilization review with the following rationale provided: "The guidelines do not recommend patient referral to a mental health specialist for mild to moderate psychological symptoms. Only patients with major psychopathology or serious medical comorbidities are suggested to be referred to a specialist. Based on the lack of any psychological subjective complaints or objective findings, and in accordance with the evidence-based guidelines, the providers prospective request for one psych evaluation and treatment is recommended noncertified." The utilization review rationale for non-certification is incorrect, The ACOEM guidelines for referral states that referrals to a specialist for mild depression should be considered if symptoms continue 6 to 8 weeks and nowhere does it state that only patients with major psychopathology or serious medical comorbidities are suggested to be referred to a specialist. In addition, the patient has noted that: "he is extremely depressed because of ongoing chronic pain and would like to see a psychiatrist to see if he can be helped." Thus, a psychiatric referral may be appropriate for this patient at this juncture. However, the medical necessity of the request could not be established because the request is for psychiatric evaluation and treatment. Although a psychiatric evaluation appears to be medically appropriate, the treatment component is unspecified in terms of quantity. Requests for IMR review of psychological/psychiatric care that does not contain a specific quantity of sessions requested is the equivalent of unlimited sessions for an open ended period of time. Modifications of requests cannot occur on the IMR level. In addition, the need for psychiatric treatment would need to be established, or not, by the information gathered by a psychiatric evaluation. It would also be important to have information regarding how much prior psychiatric treatment if any the patient is already received to date and what was the outcome of any prior treatment. Because of these reasons the medical necessity of the request is not established and therefore the utilization review decision is upheld.