

Case Number:	CM15-0079077		
Date Assigned:	05/01/2015	Date of Injury:	12/04/2013
Decision Date:	06/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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 55-year-old female, who sustained an industrial injury on December 4, 2013. The injured worker was diagnosed as having cervical spine musculoligamentous sprain with radiculopathy, right shoulder biceps tendonitis and right wrist tendonitis with possible carpal tunnel syndrome. Treatment and diagnostic studies to date have included medication. A progress note dated March 13, 2015 provides the injured worker complains of neck pain with radiation and numbness and tingling in right arm and hand and right shoulder, arm and wrist with use. Physical exam notes cervical tenderness with spasm, right shoulder tenderness and decreased sensitivity of fingers the right hand. The plan includes medication, magnetic resonance imaging (MRI) and psychiatric consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Cognitive therapy for depression.

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. A request was made for a psychiatric consultation. The request was found to be not medically necessary and therefore non-certified by utilization review with the following provided rationale: "there is a lack of documentation regarding chronic pain, including proper pain assessment. There is a lack of documentation regarding mood disorders, such as depression, anxiety, panic disorder and posttraumatic stress disorder. This IMR will address a request to overturn the utilization reviews decision for non-certification of the request. According to a primary treating physician progress, report PR-2 January 16, 2015 the patient reports continued pain in her right shoulder and cervical spine as well as in the right wrist and hand with repetitive use. The patient reports being irritable and depressed with radiating pain extending into the right upper extremity. A request for psychiatric consultation is made with a notation that the request is to address depression and anxiety symptoms. According to a primary treating physician progress, report PR-2 February 13, 2015 the patient is reporting sleeping difficulties due to pain. The request for a psychiatric consultation is repeated for depression and anxiety symptoms. The request for psychiatric consultation is reported again on April 17, 2015 at this time with an additional notation that the request was not authorized by utilization review. The ACOEM guidelines do support the use of psychiatric consultation in the medical records that were provided for consideration reflect sufficient psychiatric symptoms over a period of time to warrant and support the medical necessity and appropriateness of this request therefore because the medical necessity of the requested intervention is supported the utilization review determination for non-certification is medically necessary.