

Case Number:	CM15-0093299		
Date Assigned:	05/19/2015	Date of Injury:	01/22/2014
Decision Date:	06/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/14/2015

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, Pain Management

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 66-year-old female who sustained an industrial injury on 01/22/2014 after a chain link fence fell on top of her. Initial evaluation and diagnostic testing were negative for acute head trauma, hemorrhage or skeletal fractures. The injured worker was diagnosed with cervical strain, thoracic strain, and lumbosacral strain, left shoulder strain, tinnitus, headaches, head injury, depressed mood and situational stress. Treatment to date includes diagnostic testing, rest, acupuncture therapy, physical therapy, Cognitive Behavioral Therapy (CBT) (12 sessions), medications, audiology consultation, neurology consultation, orthopedic consultation, pain management, temporomandibular joint (TMJ) therapy with mouthpiece and medications. According to the primary treating physician's progress report on May 11, 2015, the injured worker continues to experience cervical pain left side greater than right associated with increased headaches. The injured worker rates her neck pain at 5/10. The injured worker reports difficulty with short-term memory and concentration. She has left eye bright sunspots necessitating dark sunglasses. The provider noted a depressed mood. Current medications are listed as Norco, Fioricet, Amitriptyline and Viibryd. Treatment plan consists of remaining off work; continue with follow-up appointments, medications as prescribed and the current request for psychiatric evaluation and treatment. The progress report states that the patient was made permanent and stationary by her previous psychiatrist but her symptoms have increased and she is now back on psychiatric medication. She is currently on antidepressant medication and reports no depression symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist Evaluation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391 and 398.

Decision rationale: Regarding the request for psychiatric consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Within the documentation available for review, there is no indication that the patient has significant psychopathology or serious medical comorbidities to warrant urgent referral to psychiatry. Additionally, it appears that the patient's depressive symptoms are well controlled on the current regimen. It is unclear how psychiatric assistance would be needed at the current time. In the absence of clarity regarding those issues, the currently requested psychiatric consultation is not medically necessary.