

<b>Case Number:</b>	CM15-0095306		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 31 year old female, who sustained an industrial injury on 3/26/07. The injured worker has complaints of being depressed. The injured worker reports that her mood is depressed most likely due to her pain. The diagnoses have included pain disorder associated with both psychological features and a general medical condition and dysthymic disorder, late onset. Treatment to date has included vortioxetine; trazodone; Seroquel XR and psychological treatment. The request was for psychiatric consult.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**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. Within the documentation available for review, it is noted that the patient has been treated by psychiatry for some time and the provider recommended that the patient continue care with the psychiatrist who has apparently been treating the patient. The current request is for a consult rather than follow-up visit, but there is no rationale presented for consultation with another psychiatrist and, unfortunately, there is no provision for modification of the request to allow for a follow-up visit. In the absence of clarity regarding the above issues, the currently requested psychiatric consultation is not medically necessary.