

Case Number:	CM13-0017289		
Date Assigned:	06/06/2014	Date of Injury:	03/10/2010
Decision Date:	07/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54-year old male with date of injury 3/10/2010. The UR decision was made on 8/20/2013. The mechanism of injury is unknown, however it is suggested that he encountered a lower back injury due to the industrial trauma. He has undergone physical therapy, epidural and nerve root injections. Report from 05/27/2014 suggested that he is still experiencing problems going to sleep which is related to the chronic pain, and that he had stopped taking the sleeping pill. Epworth Sleepiness Scale conducted on 1/16/2014 suggested a score of 3 (indicative of not suffering from excessive day time sleepiness). Report from 02/19/2013 suggested that he has been prescribed Fluoxetine 40 mg a day and Temazepam 30 mg at bedtime by another MD, however no details of the symptoms or treatment is available. Psychiatric review of systems from that report are positive for depression and anxiety. Reports from 08/25/2012 and 11/14/2012 also indicated that he is taking Fluoxetine and Temazepam which are still being prescribed by another provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation And Treatment With Psychiatrist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, 2004, page 127.

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

Decision rationale: ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" There is indication of injured worker experiencing sleep problems due to chronic pain secondary to the industrial injury. The documentation suggests that he has been prescribed Fluoxetine and Temazepam for a period of at least over 6 months but there is no detailed information regarding the assessment of symptoms or the progress made by the treatment. According to history suggestive of depression, anxiety, sleep problems and continued symptoms with the medications that have been tried, I will respectfully disagree with UR physician's decision. Therefore, the request for Psychiatric consultation and treatment with a Psychiatrist is medically necessary.