

Case Number:	CM13-0028947		
Date Assigned:	12/11/2013	Date of Injury:	12/06/2006
Decision Date:	08/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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 Physical Medicine and Rehabilitation 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:

The injured worker is a 57 year old female who sustained an injury on December 6, 2006 when she was struck by swinging gate at work, injuring her right thigh, left foot, and back. According to an agreed medical evaluation on March 22, 2010 the injured worker was initially placed off work through January 1, 2007. She participated in conservative forms of treatment including physical therapy. The injured worker was also taking psychotropic medications including Wellbutrin, Prozac and Sonata. She had also been undergoing individual psychotherapy sessions. Diagnoses included major depressive disorder, anxiety disorder, pain disorder associated with psychological factors and general medical condition, eating disorder, and insomnia. The primary treating physician's progress note dated November 14, 2013 included diagnoses of cervical and lumbar spine sprain and strain, right knee sprain and strain, right lower extremity radiculitis, and right ankle sprain and strain. Medications prescribed included tramadol, Xanax, restoril and Condrolite. Treatment plan included a magnetic resonance imaging (MRI) scan of the cervical spine and shockwave therapy for lumbar spine. A medical legal psychiatric re-evaluation was performed on October 23, 2012. It indicated that the injured worker had been prescribed a series of lumbar epidural injections for low back pain. Recommendations included psychotherapy and psychiatric visits for the management of psychoactive medicines. A previous review of this request for follow up with psychologist in September 2013 indicated that the service was non-certified due to the fact that there was no documentation in the clinical notes submitted for review that the injured worker was complaining of or experiencing emotional distress or that there was documentation of observation by the treating physician that the injured worker had findings of psychological distress or emotional distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW UP WITH PSYCHOLOGIST [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, (updated 06/12/14).

Decision rationale: Per documentation dated October 23, 2012 the injured worker had been evaluated by psychiatrist [REDACTED]. Diagnoses included depressive disorder, pain disorder with psychological factors and a general medical condition, obsessive-compulsive disorder, and musculoskeletal pain. It also included psychosocial stressors and chronic pain due to orthopedic injury, financial difficulties and hoarding. Recommendations included psychotherapy and office visits for management and oversight of psychoactive medicine. Given the fact that the injured worker is taking psychoactive medicines she does require follow-up for management of these medications. Therefore, the requested service for follow-up with [REDACTED] is medically necessary according to the guidelines.