MAXIMUS Federal Services

Case Number:	CM13-0048899		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2010
Decision Date:	08/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Neurology 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 61 year old female who suffered an injury at work on July 29, 2010. The injured worker stepped on an electrical pipe, fell backwards, and caught himself with the right hand but in doing so suffered a neck and low back injury. The injured worker developed chronic pain in the neck and low back. Treatment included several cervical epidural injections, physical therapy and acupuncture. The injured worker also underwent individual cognitive behavioral psychotherapy (CBT). According to the treating psychiatrist's October 04, 2013 report, the injured worker was diagnosed with Major Depression, Severe. The injured worker continued to report symptoms of severely depressed mood, complaining of irritability, insomnia, poor concentration, mood swings, and suicidal thoughts. The injured worker was prescribed the antidepressant medication Nortriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRY TESTING FOR 3 (1 HOUR ONCE A MONTH TO TRACK TREATMENT PROGRESS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-101.

Decision rationale: California MTUS Guidelines indicate psychological evaluations can be especially useful in the evaluation of individuals suffering from chronic pain. The evaluations can help distinguish between pre-existing conditions, pain aggravated by the injury, or pain which is work related. The evaluation should determine whether further psychosocial interventions are needed. The injured worker is diagnosed with Major Depression, Severe, as a result of chronic pain. A single one hour psychological evaluation would be appropriate based on the psychiatric presentation documented. However, three evaluations one month apart to track treatment progress would be excessive, and the request is therefore not medically necessary.