

Case Number:	CM13-0057292		
Date Assigned:	12/30/2013	Date of Injury:	09/09/2005
Decision Date:	03/20/2014	UR Denial Date:	11/09/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology 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 physician 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 patient reported with a date of injury of 9/9/05. According to medical records, the patient sustained injuries to his ankles and back when he fell from a ladder approximately 12 feet up, landing on his feet, which resulted in bilateral ankle fractures and subsequent back issues. The patient has been medically treated over the years with physical therapy, aquatic therapy, medications, injections, acupuncture, a TENS unit, chiropractic, and surgery. In [REDACTED] most recent "Treating Physician's Progress Report, Review of Medical Records and Request for Authorization" dated 12/5/13, the patient is diagnosed with: (1) Chronic lumbar spine sprain/strain with MRI evidence of L4-L5 3 to 4 mm left disc protrusion and 2 to 3 mm right disc protrusion with facet hypertrophic changes and L5-S1 facet degenerative changes per MRI November 11, 2013; (2) Bilateral lower extremity radicular symptoms with questionable right L4-L5 radiculopathy per electrodiagnostic testing December 20, 2011; (3) Status post bilateral calcaneus fractures with multiple surgeries including subtalar fusion; (4) History of right foot/ankle ORIF with subsequent removal of hardware with [REDACTED]; and (5) Status post removal of hardware of left foot/ankle secondary to ORIF status post calcaneus fracture and surgery including subtalar fusion with [REDACTED] on August 20, 2013. It is also reported that the patient sustained injury to his psyche secondary to his work-related physical injuries. In his 10/16/12 "Comprehensive Permanent and Stationary Psychological Evaluation Report / Medical Records Review" and all subsequent reports, including the most recent RFA dated 12/17/13, [REDACTED] diagnosed the patient with: (1) Major depressive disorder, single episode, mild; (2) Generalized anxiety disorder; (3) Male hypoactive sexual desire disorder, due to chronic pain; (4) Insomnia; and (5) Psychological factors affecting a medical condition, headaches. Additionally, [REDACTED] diagnosed the claimant in her "Agreed Panel Qualified Medical Re-Examination in Psychiatry" report dated 10/7/13, with: (1) Major depressive disorder, single

episode, moderate to severe; and (2) PTSD, chronic with delayed onset. It is the patient's psychiatric diagnoses that are most relevant to this review. The patient has been treated with group psychotherapy, relaxation services, and psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 psychiatric office visits and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress and Ankle and Foot Complaints

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

Decision rationale: According to the medical reports, the patient has been receiving psychological services from [REDACTED] since his initial psychological evaluation in March 2012 and has been receiving psychiatric services from [REDACTED] since May 2012. In her 10/7/13 "Agreed Panel Qualified Medical Re-Examination in Psychiatry", [REDACTED] noted that there have been very little changes in the patient's medications since he began services with [REDACTED] despite the report of continued symptoms. She suggested that the patient be tapered off some of his medications within a month and from that point on, "No additional pharmacological treatment is necessary." Despite this suggestion, the patient does require an additional medication management session in which reassessment and re-evaluation can occur regarding further services. However, the request for "4 psychiatric office visits and treatment" appears excessive as it does not allow for reassessment to occur in a timely manner. As a result, the request for "4 psychiatric office visits and treatment" is not medically necessary