

Case Number:	CM14-0103717		
Date Assigned:	07/30/2014	Date of Injury:	05/27/2008
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The injured worker is a 35 year old male who was injured on May 27, 2008. The mechanism of injury is described as a tree falling on him. The injured worker sustained neck, shoulder and back injuries. He underwent a cervical neck fusion. Subsequent treatment included a neck collar, physical therapy, and analgesic medication. The injured worker became addicted to narcotic pain medication, and underwent a detox using Suboxone treatment, and Narcotics Anonymous (NA) meetings. The injured worker continued to experience chronic intense pain in his neck, back, both shoulders, both elbows and wrists. Secondly, the injured worker also developed symptoms of depressed mood and anxiety. He was diagnosed with Major Depression and Anxiety. He was prescribed the psychotropic medications Saphris and Paxil. As of the May 20, 2014 progress report by the treating physician, the injured worker had not seen a psychiatrist for the past two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric care: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

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 and Stress, Office visits.

Decision rationale: The Official Disability Guidelines indicates that psychiatric medication management is an important component of the overall treatment plan for individuals suffering from depression secondary to chronic pain. The frequency and duration of sessions is determined by the severity of symptoms, referral for testing, missed time from work, the need for medication adjustments, and adverse side effects. The injured worker is diagnosed with Major Depression due to chronic pain. He is prescribed two major psychotropic medications which do require ongoing psychiatric medication management. According to the 5/20/14 report, the injured worker has not seen a psychiatrist in two years. A psychiatric evaluation would be appropriate on this basis, however, the request specifies "Psychiatric Care", which is vague and nonspecific. It would be more appropriate to request a specified number of psychiatric medication management sessions, such as two to three initially, one month apart. The request as it stands is not medically necessary on this basis.