

Case Number:	CM14-0012884		
Date Assigned:	02/24/2014	Date of Injury:	03/05/2012
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

Records reviewed include 605 pages of medical and administrative records. The patient is a 59 year old female who sustained a slip and fall injury on 03/05/2012. She sustained injuries to her left knee and cervical and lumbar spine. Her diagnoses are cervicgia, degenerative disc disease, facet degeneration right C3-4, thoracolumbar pain/strain, and left knee pain. She was treated with pain management, and a left medial branch blocks to left C3-5 on 11/21/13. She completed a functional restoration program with a psychological component. On 09/2013, the end of this 6 week program, improvement in scales from the time of initial evaluation to Week 6: Zung Depression 70 decreased to 45 (normal), Zung Anxiety 70 decreased to 53 (mild/moderate), and Perceived Stress Scale 83 decreased to 58.5 (normal). Her adaptive pain coping belief improved from the 4th percentile to the 97th, and psychological gains went from moderate/severe to mild elevation. In her 11/11/13 AME the patient presented with constant neck pain radiating to the left upper extremity, and episodic pain in the thoracic spine pain, low back pain, and left knee. 11/25/13 [REDACTED] noted that the patient complained of severe pain in the left neck/scapula with limited cervical range of motion. He increased her Savella (an SNRI) to 25mg for myofascial pain. On 11/27/13 signs and symptoms of depression and difficulty coping were reported with a plan to refer her to psychiatry, however there was no further evaluation or documentation. On 12/24/13 she was continuing to manage her pain with yoga, relaxation with music, and breathing. She continued on Savella.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chapter 7 Page(s): 127-146.

Decision rationale: The patient had documented improvement in depression and anxiety symptom as noted at the end of her 6 week functional restoration program, and her adaptive pain coping belief had improved from the 4th to 97th percentile. She continued to experience severe pain for which she was practicing yoga, meditation, breathing, and relaxation with music (which she found helpful). In addition, she was receiving Savella 25mg for pain. Savella is an antidepressant of the selective noradrenergic reuptake inhibitor category, which would provide the dual action of treating not only her pain but depressive symptomatology. Although reference was made on 11/27/13 to depression and anxiety. Symptoms were not described and there was no further documentation with evaluation being performed that would demonstrate a need for a psychiatric evaluation. This request is not medically necessary and appropriate.

PSYCHIATRIC TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Independent Medical Examinations & Consultations Page(s): 23, 127-146.

Decision rationale: The patient had documented functional improvement in depression and anxiety symptom as noted at the end of her 6 week functional restoration program, and her adaptive pain coping belief had improved from the 4th to 97th percentile, which she learned through the psychological component of this program. She continued to experience severe pain for which she was practicing her skills of yoga, meditation, breathing, and relaxation with music (which she found helpful). In addition, she was receiving Savella 25mg for pain. Savella is an antidepressant of the selective noradrenergic reuptake inhibitor category, which would provide the dual action of treating not only her pain but depressive symptomatology. Although reference was made on 11/27/13 to depression and anxiety, no evaluation was performed with recommendations for psychological treatment. This request is not medically necessary and appropriate.