

Case Number:	CM14-0124423		
Date Assigned:	08/08/2014	Date of Injury:	03/08/2007
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 53 year old male with date of injury 3/8/2007. Date of the UR decision was 7/25/2014. He complained of low back pain radiating down his left lower extremity to the level of his heel. He was reported to have undergone chiropractic treatment, acupuncture and physical therapy without success. Per report dated 6/9/2014, he was being prescribed Norco 10/325, 4 times a day, Butrans 20 pg per hour patch. He had noticed a significant improvement with the patch; he had also been using Elavil 50 mg nightly which was helping with his sleep. He stopped taking Neurontin 600 mg three times daily secondary to lack of efficacy, he failed trials of baclofen and Robaxin and had been taking Ibuprofen 800 mg every 8 hours as needed. He had received psychological clearance for approval for a spinal cord stimulator trial. The report suggested that he had been severely depressed secondary to his inability to function. However, there is no information available regarding any detailed assessment of depression or any medication being tried for the same by the primary treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Treatment (unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: The ACOEM guidelines page 398 states specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The report dated 6/9/2013 suggested that he had been severely depressed secondary to his inability to function. However, there is no information available regarding any detailed assessment of depression or any medication being tried for the same by the primary treating physician. The injured worker has undergone a psychological consultation for assessment for a spinal stimulator trial. The request for unspecified Psychiatric treatment is not medically necessary. There is no indication of him being on any psychotropic medications that would require close monitoring and office visits. The request is not medically necessary.