

Case Number:	CM14-0130842		
Date Assigned:	08/20/2014	Date of Injury:	09/07/2011
Decision Date:	10/09/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/15/2014

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 Pain Management and Rehabilitation, 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:

This 69 year-old patient sustained a right ankle injury on 9/7/11 from mistepping a step going downstairs while employed by [REDACTED]. The patient underwent surgical repair for bimalleolar ankle fracture with post-op physical therapy and was radiographically healed on 10/1/13. Request(s) under consideration include Psycho-Pharmacologic Management Referral. There is a past history of diabetes and anemia treating with her private physician. QME report of 3/18/14 from chiropractor evaluation noted patient with ongoing chronic right foot symptoms of numbness and tingling, necessitating use of cane to walk outside of home. Exam showed edema and tenderness of right foot, ankle, calf, and knee. Diagnoses included right ankle tenosynovitis; possible vascular insufficiency of right lower extremity rule out with doppler test and referral to vascular specialist. Records showed initial psychological evaluation on 10/16/13 showed beck depression inventory of 8 and beck anxiety inventory score of 7 with psychodiagnoses of adjustment disorder with mixed emotional features. IMR review of 5/6/14 had denial for four follow-up psychotherapy visits every 6-8 weeks. Report of 7/23/14 from psychology provider noted patient with moderate depression on beck depression inventory testing; significant anxiety by beck inventory. Treatment noted request for additional psychotherapy visits, psychotropic medication; and biofeedback. There is a dated 8/1/14 exam for biofeedback from psychology provider noting patient with recent loss of her mother with self-blame. Panel QME report of 7/27/14 from psychology evaluator noted patient to have reached MMI and was rendered P&S. It was opined the patient's "mental health condition is relatively stablized and unlikely to change substantially in the next year, with or without mental health treatment." Future medical treatment noted that the patient felt that if she does not have to work or retires that she can do relatively well without mental health treatment.

The request(s) for Psycho-Pharmacologic Management Referral was non-certified on 8/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho-Pharmacologic Management Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-405, 400-401. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127

Decision rationale: This 69 year-old patient sustained a right ankle injury on 9/7/11 from mistepping a step going downstairs while employed by [REDACTED]. The patient underwent surgical repair for bimalleolar ankle fracture with post-op physical therapy and was radiographically healed on 10/1/13. Request(s) under consideration include Psycho-Pharmacologic Management Referral. There is a past history of diabetes and anemia treating with her private physician. QME report of 3/18/14 from chiropractor evaluation noted patient with ongoing chronic right foot symptoms of numbness and tingling, necessitating use of cane to walk outside of home. Exam showed edema and tenderness of right foot, ankle, calf, and knee. Diagnoses included right ankle tenosynovitis; possible vascular insufficiency of right lower extremity rule out with doppler test and referral to vascular specialist. Records showed initial psychological evaluation on 10/16/13 showed beck depression inventory of 8 and beck anxiety inventory score of 7 with psychodiagnoses of adjustment disorder with mixed emotional features. IMR review of 5/6/14 had denial for four follow-up psychotherapy visits every 6-8 weeks. Report of 7/23/14 from psychology provider noted patient with moderate depression on beck depression inventory testing; significant anxiety by beck inventory. Treatment noted request for additional psychotherapy visits, psychotropic medication; and biofeedback. There is a dated 8/1/14 exam for biofeedback from psychology provider noting patient with recent loss of her mother with self-blame. Panel QME report of 7/27/14 from psychology evaluator noted patient to have reached MMI and was rendered P&S. It was opined the patient's "mental health condition is relatively stabilized and unlikely to change substantially in the next year, with or without mental health treatment." Future medical treatment noted that the patient felt that if she does not have to work or retires that she can do relatively well without mental health treatment. The request(s) for Psycho-Pharmacologic Management Referral was non-certified on 8/1/14. Submitted reports have no clearly defined acute psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this chronic P&S injury per Panel QME psychologist and the patient has also stated she can do well without mental health intervention. Her Beck depression and anxiety inventories also do not demonstrate any severe psychiatric disorder requiring pharmacological intervention. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such

as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Psycho-Pharmacologic Management Referral is not medically necessary and appropriate.