MAXIMUS Federal Services

Case Number:	CM14-0171544		
Date Assigned:	10/23/2014	Date of Injury:	07/17/2009
Decision Date:	12/02/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/16/2014

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 licensed 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 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:

According to the records provided for this IMR, this patient is a year 44 old male who reported a work-related injury on July 17, 2009. A PR-2 progress report March 2014 states that the patient has been diagnosed with lumbar radiculopathy, insomnia, and depression. Bilateral pain in both legs is noted with new sensation of generalized numbness. Fentanyl patch and narco are described as helpful. A similar note from April and again in May 2014 both mention a diagnosis of depression and insomnia. In July 2014 the diagnosis was listed as opiate withdrawal. A supplemental report from August 2014 mentions the use of psychiatric medications such as Abilify and the a diagnosis of Generalized Anxiety Disorder dating back to 2008. Other medications including Prozac and Cymbalta have been utilized. The request was made for Psychiatric Evaluation with Cognitive Behavioral Pain Management, the request was non-certified; utilization review rationale was stated as: "documentation does not identify psychological barriers to recovery, nor a diagnosis of depression and/or anxiety." This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Evaluation with Cognitive Behavioral Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Behavioral interventions Page(s): 100-1. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398,Chronic Pain Treatment Guidelines cognitive behavioral therapy Page(s): 23-24.

Decision rationale: According to the records provided for this IMR, this patient is a year 44 old male who reported a work-related injury on July 17, 2009. A PR-2 progress report March 2014 states that the patient has been diagnosed with lumbar radiculopathy, insomnia, and depression. Bilateral pain in both legs is noted with new sensation of generalized numbness. Fentanyl patch and narco are described as helpful. A similar note from April and again in May 2014 both mention a diagnosis of depression and insomnia. In July 2014 the diagnosis was listed as opiate withdrawal. A supplemental report from August 2014 mentions the use of psychiatric medications such as Abilify and the a diagnosis of Generalized Anxiety Disorder dating back to 2008. Other medications including Prozac and Cymbalta have been utilized. The request was made for Psychiatric Evaluation with Cognitive Behavioral Pain Management, the request was non-certified; utilization review rationale was stated as: "documentation does not identify psychological barriers to recovery, nor a diagnosis of depression and/or anxiety." This IMR will address a request to overturn that decision.