

Case Number:	CM14-0024050		
Date Assigned:	06/04/2014	Date of Injury:	11/20/2012
Decision Date:	08/01/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/14/2014

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, and 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:

The records reviewed include 317 pages of medical and administrative records. The injured worker is a 54 year old male whose date of injury is 11/20/12. He suffers from lumbar disc herniation with severe left L5 and marked right S1 radiculopathy, and gastric discomfort. His pain rating was 7-8/10. He was returned to modified duty in March 2013. He was ultimately treated with chiropractic, pain management, and home exercise. The sensory conduction study of 3/29/13 was consistent with very severe left L5 radiculopathy and marked right S1 radiculopathy. On 5/9/13 [REDACTED] evaluated the patient for transfer of care to him as the primary treating physician. He was diagnosed with lumbar sprain/strain, degenerative disc disease, facet arthropathy, L5 nerve root compression with left leg radiculopathy, and sleep disturbance. After initial chiropractic treatment there was improved range of motion in lumbar flexion, right lateral bending, and left rotation. The recommended treatments were chiropractic treatment and pain management evaluation. He described the patient's improvement as functional improvement as there were overall decreased pain, improved range of motion, and less work restriction. Medication was documented to be effective with his pain. Sleep disturbance was described in monthly evaluations as slightly disturbed (less than one hour sleepless) and sleep hygiene had been discussed with the patient. Cognition was reported to be within normal limits on all of his follow up evaluations. There is a checklist of psychological complaints of 08/15/13 showing stress, depression, sleep disturbance, and anxiety related to pain, disability, financial stress, living circumstances, and work stress. There was no history taken to establish a baseline to these symptoms, and scales were not administered. A request for authorization was submitted however I did not see a reply, nor were there records of a consultation or treatment submitted for review. Medications included Naproxen, Prilosec, and Toprophan. On 09/20/13 his PR2's check

list endorsed his pain causing emotional distress with depression or anxiety some/a little of the time (mild) with mild sleep disturbance. On 11/15/13 there is a request for a psych education group +12 with the diagnosis of adjustment disorder with anxiety and depression. On 01/14/14 there is a request for psychiatrist for medication evaluation and 12 sessions. There was no record presented for review of the patient having had any form of psychiatric/psychological treatment or evaluation. He did not have a past psychiatric history and did not complain of psychiatric symptoms until 08/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST FOR MEDICATION EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CPRS Treatment, Psychological treatment, Behavioral Interventions Page(s): , pages 40-41 of 127; page(s) 123 of 127.

Decision rationale: This patient did not have a past psychiatric history. He was receiving treatment with physical medicine and pain management with evidence of functional improvement in the form of overall decreased pain and improved range of motion, as well as having been released back to limited duties. His psychological checklist complaints of 08/13/13 were, by his own report, attributed to his pain and his situation. Per the MTUS recommendations, he had not yet received coping skills identification and reinforcement (the MTUS behavioral interventions) to aid in the treatment of his pain. His endorsed symptoms of 09/20/13 were noted to be mild/a little. He had also not yet received the MTUS recommendations under CPRS, psychological treatment, of education followed by clinical psychological assessment, identification of stressors, then finally identification of comorbid Axis I psychiatric disorders. Therefore, the Psychiatrist for medication evaluation is not medically necessary.