

<b>Case Number:</b>	CM14-0028951		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/05/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 40 year old male with date of injury 9/5/2009. Date of the UR decision was 2/11/2014. He developed a sudden onset of pain in his neck, upper and lower back while performing his work duties as a heavy equipment mechanic. He attended physical therapy without benefit. On 01/03/2010, he underwent surgery for his neck. Report dated 12/20/2013 suggested that he first started to develop depression and anxiety issues in 2010 about a year after the date of injury because he was worried about his ability to work and his ability to regain his function and ability to get better. Per the report he was noted to have continued depression and anxiety due to his orthopedic industrial injuries. The medications being prescribed for him were Tramadol 50 mg one tablet 4 times a day, Ambien 5 mg one tablet at bedtime as needed for insomnia. Mental status exam suggested that his mood and affect were depressed, anxious, and flat. Speech was decreased in volume and tone. Speech was subdued. He was diagnosed with Major depressive disorder, single episode, moderate, Anxiety disorder, NOS and Psychological factors affecting medical condition. Report suggested that attempts were made to administer the MMPI-2, Beck Depression Inventory, Beck Anxiety Inventory, and the Epworth Sleepiness Scale but he was not able to complete the above despite encouragement and redirection given on a number of occasions. Report dated 3/14/2014 suggested that Cymbalta trial was initiated for anxiety/depression and Ambien 5mg nightly as needed was continued for insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric medication management:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions.

**Decision rationale:** The injured worker is a 40 year old male who developed a sudden onset of pain in his neck, upper and lower back while performing his work duties. Report dated 12/20/2013 suggested that he first started to develop depression and anxiety issues in 2010 about a year after the date of injury because he was worried about his ability to work and his ability to regain his function and ability to get better. Per the report he was noted to have continued depression and anxiety due to his orthopedic industrial injuries. The psychotropic medication being prescribed for him was Ambien 5 mg one tablet at bedtime as needed for insomnia. Report dated 3/14/2014 suggested that Cymbalta trial was initiated for anxiety/depression and Ambien 5mg nightly as needed was continued for insomnia. ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Report dated 3/14/2014 suggested that Cymbalta was trial initiated for anxiety/depression and Ambien 5mg nightly as needed was continued for insomnia. The number of medication management visits requested are unspecified. The request for medication management visits is not medically necessary due to lack of information regarding the number of visits requested, the frequency or the goals of treatment.

**Limited to psychological testing times 9 visits.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental and Stress, Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and

chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for "Limited to psychological testing times 9 visits" is excessive and is not medically necessary. It is unclear as to why the injured worker would need 9 visits for psychological testing.