MAXIMUS Federal Services

Case Number:	CM14-0030051		
Date Assigned:	06/20/2014	Date of Injury:	04/06/2007
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 61 year old female who reported an injury on 04/06/2007 due to an unspecified mechanism of injury. On 01/27/2014 she reported left knee discomfort with walking, standing, and prolonged weight bearing activity. A physical examination revealed altered gait secondary to post-polio syndrome, tenderness of the patellofemoral region and medial line, and crepitus with range of motion to the left knee. Her diagnoses included myoligamentous lumbar spine sprain/strain, lumbar spondylosis per MRI scan, history of left knee arthroscopy, post-polio syndrome left lower extremity, and complaints of depression/ anxiety. She was reported to have seen a psychiatrist. Medications included Naproxen 500mg and Norco 5/325 mg for pain relief. The treatment plan was for outpatient psychiatric consultation ant treatment. The request for authorization form was signed on 02/03/2014. The rationale for treatment was to treat anxiety and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychiatric consultation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

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

Decision rationale: The request for outpatient psychiatric consultation and treatment is non-certified. The injured worker reported feelings of depression and anxiety. California MTUS Guidelines state that psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. If pain is sustained despite continued therapy, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. It was noted that the injured worker had already attended psychiatric therapy. It was not stated whether she had any progress during these sessions. There was also no documentation provided regarding the psychiatric evaluation or psychological testing. In addition, the reasoning behind her anxiety and depression is not documented, making it difficult to determine if these feelings are a result of the work related injury. The documentation provided lacks the evidence needed to determine the necessity of further psychiatric treatment. As such, the request is non-certified.