

<b>Case Number:</b>	CM14-0033344		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 45-year-old female who was reportedly injured on October 1, 2008. The mechanism of injury was noted exposure working as a firefighter. The most recent progress note dated March 20, 2014, indicated that there were ongoing complaints of pain and a need for a medication refill. The physical examination was not presented for review. Diagnostic studies objectified an ordinary disease of life, acute myeloid leukemia. Previous treatment included bone marrow transplant. A request had been made for a psychology evaluation and multiple medications and was not certified in the pre-authorization process on March 5, 2014. A partial certification for the psychology evaluation was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Psychology Evaluation, testing and team conference:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100.

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

**Decision rationale:** The records reflect that a partial approval for a consultation is appropriate. However, there is no medical necessity established for the extensive testing, a team conference

and the overly broad parameters of this request. Therefore, the request, as presented, is not medically necessary.

**Desipramine Titration:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain Page(s): 13.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** As noted in the California Medical Treatment Utilization Schedule, tricyclic antidepressants considered as a first-line agent was therefore ineffective. The progress notes did not indicate that the depression has been improved upon with the use of this medication. Therefore, there is insufficient medical information presented for the medical necessity of this medication.