

Case Number:	CM14-0065666		
Date Assigned:	07/11/2014	Date of Injury:	06/29/2012
Decision Date:	08/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Interventional Spine 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 patient is a 40-year-old male with date of injury of 06/29/2012. The listed diagnoses per [REDACTED], dated 03/19/2014, are: 1. Chronic sprain/strain at the thoracolumbosacral spine and associated musculoligamentous structures. 2. Abnormal MRI of the thoracic spine with early degenerative disease at T6-T7, and of the lumbar spine with slight to-moderate 2.5- to 3-mm disk bulge at L3-L4 and a 2- to 3-mm disk bulge at L5-S1 per MRI dated 03/13/2013. 3. Clinical, left L5 radiculopathy and lumbar facet arthropathy. 4. Post injury depressive stress reaction secondary to pain and disability. 5. Status post left knee arthroscopy with recurrent meniscus tear. 6. Overuse syndrome, right knee, due to injury of left knee. 7. Overuse syndrome of back due to injury of left knee. 8. Abnormal MRI of both knees with signs of meniscal tears of both knees per MRI 03/13/2013. 9. Status post arthroscopic diagnostic surgery, left knee, arthroscopic partial medial meniscectomy, chondroplasty performed on 06/20/2013. 10. Status post arthroscopic surgery of the right knee with a partial medial meniscectomy and synovectomy on 01/30/2014. According to this report, the patient is currently not working. He is receiving postoperative rehabilitative therapy and states that it has been helpful. He has also been using an interferential unit. The patient indicates that he is depressed because of his surgical issues. The treater is recommending some supportive psychiatric treatment. The utilization review denied the request on 04/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supportive Psychiatric Treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral interventions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Pain, Suffering and the Restoration of Function Chapter 7, page 127.

Decision rationale: This patient presents with multiple surgeries to the right and left knee. The treater is requesting a supportive psychiatric treatment. The ACOEM guidelines, page 127, state that the health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the treater is concerned about the patient's ongoing depression in relation to his current medical condition. The treater is requesting the expertise of a psychiatrist to evaluate the patient's depressive symptoms in conjunction with his ongoing chronic pain. The request is medically necessary.