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| <b>Case Number:</b>   | CM14-0066718 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 02/26/2009 |
| <b>Decision Date:</b> | 08/25/2014   | <b>UR Denial Date:</b>       | 05/06/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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:

Injured worker is a 52 year old male with date of injury 2/26/2009. Date of the UR decision was 5/6/2014. Report dated 4/23/2014 suggested that he was experiencing 9/10 low back pain and left knee pain without pain medications and rated it as a 5/10 with pain medications. He was prescribed Morphine ER (Kadian), Norco and Terocin for pain. It was suggested that he was getting treatment for depression from his primary care provider but there are no details regarding the symptoms of depression or the treatment being provided. He scored 14 on PHQ 9 scale which indicated moderate levels of depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 consultant with a Psychiatric Specialist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-1014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities. Upon review of the submitted documentation, it is suggested that he has been receiving treatment for

depression from his primary care provider. However, there is no information regarding what treatment is being provided and how long he has been in treatment for depression. The request for one consultation with a Psychiatric Specialist is not medically necessary based on lack of information regarding nature of the psychological symptoms or the treatment provided so far for the same.

**6 Follow-Up Visits with a Psychiatric Specialist: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

**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:** 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. Upon review of the submitted documentation, it is suggested that he has been receiving treatment for depression from his primary care provider. However, there is no information regarding what treatment is being provided and how long he has been receiving treatment for depression. The request for 6 follow-up visits with a psychiatric specialist is not medically necessary based on lack of information regarding nature of the psychological symptoms or the treatment provided so far for the same.