MAXIMUS Federal Services

Case Number:	CM14-0070983		
Date Assigned:	07/14/2014	Date of Injury:	10/10/2009
Decision Date:	08/26/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/16/2014

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 Child & Adolescent 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 59 year old male with a reported date of injury on October 10, 2009. The mechanism of injury is described as injuring the left knee while jumping out of a truck after an explosion, landing on both feet hard on the concrete. Ongoing knee pain and functional impairment is noted. On March 24, 2011 the injured worker underwent left knee surgeries. He subsequently developed ongoing chronic pain in his knee and lower back, as well as tingling and numbness in the left knee. According to the psychiatric report dated May 12, 2014, the injured worker then developed the symptoms of an Adjustment Disorder with Mixed Features, with both depression and anxiety symptoms, as a result of the ongoing pain and symptoms in his left knee and lower back. He was prescribed the antidepressant medication Sertraline (Zoloft), and had not undergone psychotherapy. The psychiatrist recommended that the injured worker could potentially benefit from the addition of another antidepressant medication, such as Cymbalta or Elavil, as these medications also have analgesic properties for individuals suffering from neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication follow-up visit with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

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

Decision rationale: MTUS Guidelines indicate that psychological evaluations can be beneficial in thetreatment of individuals suffering from chronic pain. The injured worker is suffering from chronic pain, and based on the 5/12/14 psychiatric report would benefit from a psychiatric evaluation. However, in the absence of the psychiatric evaluation, it is premature at this time to request a follow up psychiatric appointment. This is because if the psychiatric evaluation does not lead to the recommendation of an additional psychotropic medication (such as Cymbalta or Elavil, or others), then there would be no need for a follow up appointment, and the injured worker could instead continue to receive Sertraline from the current treating physician. On this basis, the request is not medically necessary.