

Case Number:	CM14-0090706		
Date Assigned:	07/23/2014	Date of Injury:	12/03/2001
Decision Date:	08/28/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 44-year-old female who reported injury on 12/03/2001. The mechanism of injury was the injured worker received injuries to the neck and hands during an intake of a violent mental health patient in 2001. Prior treatments included a bilateral carpal tunnel release in 2002, a spinal cord stimulator implant in 2004 and an Intrathecal Pump trial with pump implantation in 2013. Additional treatments include a radiofrequency Neurotomy at C3-7 for neck pain. The documentation of 03/20/2014 revealed the injured worker had complaints of low back pain. The injured worker's medications included Kadian 50 mg, oxycodone hydrochloride 30 mg, Adderall 20 mg tablets, Kadian 200 mg XR 24 hour, Imitrex 100 mg tablets, OxyContin 60 mg XR 12 hour, Lasix 20 mg tablets, K-Lor/Klor-Con 20 CR tabs, prochlorperazine maleate 10 mg tablets, Amitiza 24 mcg capsules, Tizanidine hydrochloride 4 mg capsules, Protonix 40 mg, Zofran 8 mg, omeprazole 20 mg, Senna 8.6 mg tablets, Medrol Dosepak, Zithromax, Inderal LA 10 mg and Alprazolam tablets. The mental status examination revealed the injured worker was oriented to time, place and person and had intact judgment. The diagnoses include cervical radiculopathy and degeneration of cervical intervertebral discs. The treatment plan included the injured worker would require their PCP versus a psychiatrist for monitoring of anxiety of depression and to take over the psychotropic medications. The physician documented they would no longer be able to prescribe the medications after the visit. Additionally, it was indicated if the injured worker had not secured an evaluation once due, then there would be a rapid taper of the medication. The treatment plan included a request for psychiatric management to monitor Adderall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Management at [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness and Stress.

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 & Stress Chapter, Office Visit.

Decision rationale: The determination for clinical office visit may be based on what medications the injured worker is taking since some medications such as opiates require close monitoring. The clinical documentation submitted for review indicated the injured worker could be monitored through their primary care physician or through a psychiatrist. There was a lack of documentation indicating a necessity for psychiatric management. The request as submitted failed to indicate the frequency, quantity of visits and type of psych management being requested. Given the above, the request for psych management at [REDACTED] is not medically necessary.