

<b>Case Number:</b>	CM14-0004132		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	06/18/2008
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 Neurology, Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 364 pages of medical and administrative records. The injured worker is a 40 year old male whose date of injury is 06/18/2008 while assisting in a roof repair. He was lifting heavy metal to place on a cutting machine, injuring his lower back. His primary diagnoses are anxiety disorder, depressive disorder, and cognitive disorder. Orthopedically he suffers from lumbar strain rule out radiculopathy. Treatments have included physical therapy, chiropractic, epidural steroid injection, and pain management. Lumbar MRI of 07/19/11 showed multiple bulging and herniated discs. He developed sleep difficulties, stress, and depression, and received psychological treatment which he completed in 08/2012. He was on Cymbalta which was helpful. On 10/16/12 he reported hand twitching and abnormal body movement. In 11/2012 he went to the ER for a panic attack. He was given Alprazolam as needed. His anxiety/panic began to increase again in 02/13 when he was alone and was switched to Klonopin, which helped. Epidurogram of 04/10/13 showed no epidural adhesion, intravascular uptake, or enhancement noted. In a QME of 07/20/13 the patient's cognitive functioning appeared severely impaired on observation in short/long term memory, difficulty to understand abstract concepts, and speaking in simplistic and brief statements. His eyes darted in what appeared to be an involuntary movement, he showed a pronounced repetitive twitch resulting in neck movement multiple times per minute, and he made an unusual hiccup-like noise multiple times per minute. A neurology referral was recommended. Diagnoses were panic disorder without agoraphobia, in partial remission, adjustment disorder with mixed emotional features, and cognitive disorder NOS. A 10/15/13 pain management progress report indicated that the patient's anxiety and panic attacks were worsened and medications were not helping very well. He was on Clonazepam 1 mg Q8 hours and was started on Celexa 10 mg. For pain management he was on Hydrocodone

and ibuprofen. A 12/09/13 psychological consultation indicated that prior to chiropractic treatment he was dependent for his ADL's, and he has not regained his balance. He has suffered from panic attacks. He was fully oriented, insight was fair, thought process was logical and goal directed. He was having serious thoughts of suicide but denied being suicidal in the interview and his wife did not indicate self-destructive behavior of suicidal preoccupation or intent. He had high levels of depression and anxiety manifested by memory loss, crying easily, difficulty concentrating, lack of interest in sex, and anxious thoughts and feelings. He perceived even the mildest pain as intolerable and disabling (based on testing). His presentation was suggestive of possibly Tourette's with eyes darting, head and neck constantly turning side to side, guttural utterances. On 12/19/13 a neuropsych evaluation was certified. Psychiatric evaluation was not certified based on diagnosis, chronicity of his condition, and prior treatment without discussion of evaluation or response to therapy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychiatric Evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Treatment Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 398.

**Decision rationale:** The patient suffers from what appears to be panic disorder and either an adjustment or depressive disorder. In addition, referral to a neurologist was recommended for abnormal body movements and impaired cognitive functioning. It is unknown if this was performed as the most recent records provided for review was a UR of 12/19/13. At this point, given that there is a one year period with no new medical records provided, it is impossible to ascertain the patient's current condition and what his needs might be. Therefore, the request is not medically necessary.