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| Case Number: | CM14-0056668 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 09/21/1998 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 04/22/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 68-year-old male who sustained an industrial injury on 9/21/1998. His diagnoses, and/or impressions, include: cervical degenerative disc disease with radiculopathy; bilateral lumbar facet arthropathy with narrowing and radiculopathy; bilateral carpal tunnel syndrome; and moderate reactive depression. No current magnetic resonance imaging studies are noted. His treatments have included lumbar epidural steroid injection therapy; methadone and medication management, and home core-strength and leg exercises. The progress notes of 4/7/2014, shows concerns about him losing strength in his legs, as well as concerns about his memory. The physician's requests for treatments included a repeat psychological assessment to assess his perceived memory loss, and 8 sessions of functionally-oriented therapy to strengthen his core and leg muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Psychiatric Assessment: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM 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 has been documented that the injured worker has undergone a Psychiatric evaluation and is being prescribed Psychotropic medications including Namenda, Adderall. The request for Repeat Psychiatric Assessment is medically necessary to follow up on the Psychiatric treatment being provided to the injured worker.