

Case Number:	CM15-0108381		
Date Assigned:	06/15/2015	Date of Injury:	08/03/2011
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 43 year old male, who sustained an industrial injury on 8/3/11. He reported low back pain, and was diagnosed with psychogenic lower extremity paralysis vs CNS abnormality. He uses a wheelchair and a walker. Treatments to date have included Gabapentin and duloxetine, chiropractic treatment, lumbar epidural injection and activity restrictions. EMG studies were normal. Brain MRI of 06/04/12 showed no acute intracranial process, and cervical MRI showed protrusion with annular fissure at C5-6 causing mild narrowing of the central canal. He currently complains of worsening low back pain rated 10/10 in left arm and bilateral legs. He has a bilateral upper extremity tremor. On 11/24/14 he had a psychologic and behavioral evaluation and was diagnosed with major depressive disorder severe with psychotic features, and anxiety disorder NOS. He believed that white matter had been implanted in his brain during an MRI. He has had inpatient treatment and outpatient psychotherapy (to the end of 2014), which providers have said were failed treatments. He has refused psychological testing in multiple interviews and was described as lacking interest. He has been on Lexapro and Risperdal, and more recently was started on Cymbalta in 02/2015, but that too was described as not effective. Overall cognition and memory are described as impaired, and he is preservative. On 03/03/15 he refused psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation and 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychiatric evaluations. ACOEM practice guidelines 2004 2nd edition Independent Medical Examinations & Consultations Chapter 7, pages 127-146.

Decision rationale: The patient has been disoriented on occasion and overall reported as cognitively impaired. He has had at least one episode of psychotic ideation and a psychiatric hospitalization. His medications are reported as not effective. Psychiatric evaluation is medically necessary as this patient clearly has psychiatric issues which may require guidance. Although follow up sessions are also considered to be medically necessary, the request for 8 sessions is excessive as it cannot be predicted how many times a patient will need to be seen in the future. This is based on the individual's needs at the time, what sort of treatment is being rendered, etc. This request is therefore not medically necessary.