

<b>Case Number:</b>	CM15-0058175		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	06/09/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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  
 Certification(s)/Specialty: Psychologist

### 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 60 year old male with an industrial injury dated 06/09/2010. His diagnosis includes post-surgical status left knee, lumbar disc protrusion, facet syndrome, sleep disturbance and psych diagnoses. Prior treatments include left knee surgery, epidural injections, physical therapy and aquatic therapy. He presents on 01/12/2015 with complaints of severe low back pain with numbness and tingling radiating to bilateral legs. He rates the pain as 8/10. He also complains of right ankle pain and loss of sleep. The provider documents there are psychological complaints. Objective findings included decreased sensation in the left lower extremity. Lumbar range of motion was decreased and painful. Bilateral knee and right ankle revealed decreased and painful range of motion. The provider requested a follow up psych visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up psych:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Mental Illness and Stress Chapter Office Visits.

**Decision rationale:** Based on the review of the medical records, the injured worker has been receiving medication management/psychiatric visits from [REDACTED] with [REDACTED] [REDACTED]. The request under review, for a follow-up psych visit, pertains to a psychiatric office visit with [REDACTED]. Considering that the injured worker has been receiving psychotropic medications to treat his psychiatric symptoms of depression, the request for an additional visit is not only reasonable, but medically necessary to maintain continuity of psychiatric care. Therefore the request is medically necessary.