

Case Number:	CM15-0058527		
Date Assigned:	04/03/2015	Date of Injury:	10/14/2005
Decision Date:	05/04/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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 53 year old male whose date of injury is 10/14/05 involving cumulative injury to his right knee and bilateral calves. He was diagnosed with lumbar sprain/strain, status post bilateral knee arthroscopic surgery with history of right knee infection. He developed depression and anxiety secondary to being off of work. His diagnoses are major depressive disorder single episode mild, generalized anxiety disorder, and insomnia due to mental condition. Treatments have included psychotherapy, right knee surgeries, physical therapy, nonsteroidal anti-inflammatories, and proton pump inhibitor. Currently he complains of pain in the right knee and bilateral calves. The last psychology progress note provided was on 12/19/14 indicating that his mood was euthymic and therapy was helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation with psychiatric-psychology specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Recommended. Psychological evaluations are generally accepted,

well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. (Main-BMJ, 2002) (Colorado, 2002) (Gatchel, 1995) (Gatchel Page(s): 100-101 of 127.

Decision rationale: The patient has the diagnoses of major depressive disorder single episode mild, generalized anxiety disorder, and insomnia related to mental condition. The last reference to psychological treatment is in 12/2014, in which mood is euthymic. He does not appear to be on any psychotropic medication. There is no rationale provided to support this request, which is therefore noncertified at this time. The request is not medically necessary.