

<b>Case Number:</b>	CM14-0119640		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Child & Adolescent 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:

The injured worker is a 31 year old female who was injured at work on 1/10/2013. She was cooking and lifting a heavy pot when she turned to the right side, getting her right foot stuck on the floor, and experienced sudden pain through her right knee and leg. The injured worker continued to experience pain in the right knee, right ankle, and later affecting the low back and neck. Diagnoses in lumbar disc displacement, right knee injury, right ankle sprain, and cervical sprain. Treatment received included radiographic imaging studies, chiropractic, and topical creams. Prescribed medications include Tramadol, Voltaren, Protonix and Flexeril. Subsequently, pain persisted, and the injured worker developed multiple chronic back pain complaints. A comprehensive metabolic panel blood test was done on 8/20/13, which was normal, except for a slightly decreased blood globulin level. Secondary to chronic pain, she reported insomnia, and severe anxiety and depressed mood. In the 6/16/14 progress report, the treating chiropractor recommended that the injured worker be referred for a psychiatric evaluation in order to alleviate her mental health symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Referral to a Psychiatrist to evaluate and treat: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

**Decision rationale:** MTUS guidelines indicate that 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. ODG indicate that office visits are recommended in the proper diagnosis and return to function of an injured worker. The need for office visits is individualized based on the injured worker's symptoms, clinical status, and physician judgment. The determination is guided by what medications the injured worker is taking, and as the individual circumstances can be very varied, a set number of office visits cannot be reasonably established ahead of the evaluation at the time of treatment. The injured worker is reporting significant mental health symptoms of anxiety and depression, and is not currently prescribed any psychotropic medications. It is therefore appropriate to refer the injured worker for a psychiatric evaluation. However, the additional request for psychiatric treatment is premature at this stage, as it will be dependent on the outcome of the psychiatric evaluation as to whether any treatment is required. The request for a psychiatrist to evaluate and treat is premature at this point, and not medically necessary on that basis.

**Request for 2 physician pharmacological management visit 1 x per month x 2 months:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, Chronic Pain Treatment Guidelines Physician Pharmacological Management Visits. Decision based on Non-MTUS Citation Official Disability Guidelines:

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office visits

**Decision rationale:** The ODG indicate that office visits are recommended in the proper diagnosis and return to function of an injured worker. The need for office visits is individualized based on the injured worker's symptoms, clinical status, and physician judgment. The determination is guided by what medications the injured worker is taking, and as the individual circumstances can be very varied, a set number of office visits cannot be reasonably established ahead of the evaluation at the time of treatment. The injured worker is reporting significant mental health symptoms of anxiety and depression, and is not currently prescribed any psychotropic medications. As the injured worker is not currently taking any psychotropic medications, it is therefore not necessary at this stage in treatment for any physician pharmacological management of psychotropic medications, and the request is not medically necessary on that basis.

**Urinalysis drug testing 1 every 2 to 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Urine drug testing (UDT)

**Decision rationale:** The ODG indicate that urine drug testing (UDT) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. It is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. The injured worker is not prescribed any controlled substance, and there is no documentation indicating that this is being considered in the injured worker's current treatment plan. In addition, she has not been prescribed any psychotropic medications. The request for UDT is therefore not medically necessary on this basis.

**Request for 1 comprehensive metabolic panel 1 x every 2 to 3 months:** 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 Official Disability Guidelines (ODG), Pain, Office visits

**Decision rationale:** The ODG indicate that office visits are recommended in the proper diagnosis and return to function of an injured worker. The need for office visits is individualized based on the injured worker's symptoms, clinical status, and physician judgment. The determination is guided by what medications the injured worker is taking, and as the individual circumstances can be very varied, a set number of office visits cannot be reasonably established ahead of the evaluation at the time of treatment. The injured worker is reporting significant mental health symptoms of anxiety and depression, and is not currently prescribed any psychotropic medications. Comprehensive metabolic laboratory testing is sometimes appropriate when there are prescribed psychotropic medications which can affect liver, kidney or bone marrow function, or which require blood level monitoring to ascertain the effective dose or to permit early detection of toxic blood levels. But as the injured worker is not prescribed any psychotropic medications, there is therefore no clinical indication for any laboratory testing with a comprehensive metabolic panel. Additionally, the 8/30/13 comprehensive panel did not reveal any clinically significant blood deficiencies. As a result, there is no medical necessity for the request for a comprehensive metabolic panel at this time.