

Case Number:	CM14-0131041		
Date Assigned:	08/20/2014	Date of Injury:	04/12/2003
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 Psychiatry & Neurology, Addiction Medicine has a subspecialty in Geriatric 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 63 year old male whose date of injury is 04/12/2003 related to an assault. He has left upper extremity pain, right hand pain which is constant, bilateral hand spasms, and right wrist pain. The pain is described as chronic and severe, associated with bilateral weakness in the hands and numbness in the ulnar aspect of the hand and 5th finger, and is rated up to 10/10. He has undergone wrist surgery, and has received multiple treatments including TENS, occupational therapy, cognitive behavioral therapy, spinal cord stimulator, and acupuncture to decrease pain and improve range of motion and flexibility. Diagnoses are opiate induced hypogonadism, cervicgia, cervical spondylosis, pain in joint involving hand, opiate induced constipation, adjustment disorder with depressed mood due to chronic pain and disability, tenosynovitis left elbow, lesion of left ulnar nerve, and chronic pain syndrome with depression reactive to pain and disability. Affect was described as flat, and sometimes full range. A PR2 of 03/26/14 noted that the patient had 8 weeks of CBT (cognitive behavioral therapy) in 2013 which he found beneficial and his depression had worsened without therapy. CBT tools had helped him manage his pain and related depression. Mood was dysthymic and at times tearful, he was sleeping more during the day and having trouble sleeping at night. He had a lack of motivation and energy. HamD score=24, indicating a severe level of depression. His mood continued to be dysthymic and in June 2014 he was authorized for additional psychotherapy. The last PR2 reviewed was on 07/09/14, indicating that the patient remained dysthymic. Pain level had worsened over the past 6-8 months due to overcompensation. He had seen a psychiatrist [REDACTED] who recommended that he attend detox, the date of this visit was not provided. Most current medications were Exalgo, Rybix, Lyrica, Savella, Fentora, Ducosate, and Morphine cream as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Med Management 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Guidelines/office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness & Stress, Office visits

Decision rationale: The patient has remained on the same medication regimen throughout the records provided for review. None of his medications are described as having been prescribed for his adjustment disorder with depressed mood/depressive reaction to pain. He saw [REDACTED], a psychiatrist, who recommended detox but apparently did not prescribe any form of psychotropic medication. There was no report provided from [REDACTED]'s psychiatric evaluation of the patient. The patient's objective/subjective depressive symptoms were not described in any manner that would suggest the need for psychiatric care, other than the HamD rating of 24. MTUS does not reference psychiatric med management. Per ODG, office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore, the request is not medically necessary.