

<b>Case Number:</b>	CM14-0215577		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	04/25/2002
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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: Physical Medicine & Rehabilitation

### 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 patient is a 53-year-old male with a date of injury of 04/25/2002. According to progress report dated 11/04/2014, the patient presents with an acute flareup of her low back pain. The patient was given trigger point injections on previous examination that took the edge off. Examination of the lumbar spine revealed diffuse tenderness from the L1-S1 region with tenderness in the bilateral paraspinal muscle region. Examination revealed positive straight leg raise with bilateral leg raise in the sitting position. A 4/5 quadriceps strength test was noted bilaterally. There is tenderness in the medial fat pad region of the knees bilaterally. There is also tenderness in the lateral epicondyle regions of the elbows and pectoralis major region. Listed diagnoses are: 1. Status post lumbar surgery x2. 2. Abdominal complaints. 3. Psychiatric complaints. According to report dated 10/22/2014, the patient presents for a followup for reoccurring major depression secondary to pain and injury. The patient has mood swings, anxiety and insomnia. Response to medication is fair and reports no side effects. The patient has not been able to obtain medications as she cannot find her medication card. Current medications include Seroquel 25 mg. Treatment plan is for medication management, psych x1 month. The utilization review denied the request on 12/11/2014. Treatment reports from 06/07/2013 through 11/04/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management, psyche x 1 month:** Overturned

**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 ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** This patient presents with chronic low back pain and suffers from major depressive disorder. The current request is for medication management, psych x1 month. The utilization review denied the request stating that although the patient is taking Seroquel, there is a lack of evidence pertaining to the history, duration and stability of its use to warrant a followup visit in 1 month. The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to progress report dated 09/30/2014 by [REDACTED] the patient has been seen once a month for psychotherapy and is currently treated by [REDACTED] (for psychotropic medication management). It was noted that the patient's medical, physical and mental emotions chronically and severely impact her daily functioning. In this case, the treating physician has concerns for the patient's major depressive disorder, which severely impacts her daily functioning. The patient is currently taking Seroquel. Given the patient's physical and emotional issues, the requested medication management, psych x1 month is medically necessary.