MAXIMUS Federal Services

Case Number:	CM15-0104260		
Date Assigned:	06/08/2015	Date of Injury:	05/05/2011
Decision Date:	07/14/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
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 injured worker is a 60 year old male, who sustained an industrial injury on 5/5/11. The injured worker was diagnosed as having depressive disorder, panic disorder without agoraphobia, and cervical radiculopathy. Treatment to date has included psychiatric treatment, cervical epidural injections, and medication including Ativan, Lexapro, and Klonopin. Currently, the injured worker complains of anxiety, panic attacks, and depression. The treating physician requested authorization for a follow-up evaluation with a psychiatrist (status post injection). The treatment plan included cervical epidural injections at C5-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with a psychiatrist (status post injection): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online, Pain chapter, Office Visits.

Decision rationale: The patient presents with persistent flare-up of pain about his neck region with pain and numbness/tingling radiating into his bilateral upper extremities down to both hands, right worse than left. The patient also suffers from lower back and left knee pain. Patient has suffered from posttraumatic stress disorder, depression and panic attacks in the past. The current request is for a follow-up evaluation with a psychiatrist (post cervical epidural corticosteroid injection which is scheduled for 5/26/15). The treating physician states on 4/29/15 (6A) that he is in support of [redacted] (a pain management specialist) request of a repeat cervical epidural corticosteroid injection and requests authorization for [redacted] to reevaluate the patient two weeks post injection. The treating physician also requests that the patient resume his psychological counseling session with a qualified practitioner. The requested treatment as stated by the Utilization Review (UR) is not reflective of what the treating physician requested. Therefore, a reasonable medical necessity determination based upon MTUS et. al. cannot be completed. Specific, to the UR documented request, MTUS is silent regarding this issue. ODG states the following with regards to office visits: Recommended as determined to be medically necessary. Based upon the medical history provided and the contradictory request; the current request is not medically necessary.