

Case Number:	CM15-0112286		
Date Assigned:	06/25/2015	Date of Injury:	03/17/2011
Decision Date:	07/30/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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 55 year old male, who sustained an industrial injury on 3/17/11 involving amputation of all 4 fingers of the right hand at the metacarpal phalangeal joints. He suffers from late effect of traumatic amputation, phantom limb, complex regional pain syndrome (CRPS) of the upper extremity, chronic pain syndrome, and PTSD. Treatments to date have included medications, diagnostics, surgery, stellate ganglion block, bracing, ice and heat, and other modalities. Per PR2 of 04/10/15, the injured worker complains of chronic phantom limb pain rated at an average of constant of 5/10 and shooting/throbbing pain, along with a sensation of tightness at night when the pain worsens. At its worst the pain is constant pain is 7/10. He had an initial psychiatric evaluation in 03/2014, another in 10/2014, and a re-evaluation on 04/15/15. Apparently, he had a previous authorization for a psychiatric evaluation, which has now expired. There was difficulty finding a psychiatrist who would accept Workers' Comp. He did not appear to have had his PTSD evaluated, and records provided reflect same. In this re-evaluation report, the patient reported irritability, moodiness, reactivity, numbness, inability to leave the house, and isolation. His Hamilton rating scores reflect significant improvement between 03/2014 and 10/2014, but since then depression had modestly improved and anxiety had remained unchanged. At some point, a service dog was recommended but this was denied. Pain management was prescribing Celexa, ultimately at 40mg, which he finds helpful. On 05/08/15 his primary care physician noted that a psychiatrist was located who could see the patient on Workers' Comp. A progress report of 05/26/15 (orthopedic) indicated that he was having difficulty using his prosthesis. He continued on Celexa 40mg, Lyrica, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The patient suffers from PTSD, but pain management has been prescribing his Celexa 40mg. He has a previously authorized psychiatric evaluation, which has expired, apparently due to difficulty finding a psychiatrist who will accept Workers' Comp. Since that time, one has been located. ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. PTSD is a serious condition, which should be referred to a specialist after symptoms have continued for more than 6-8 weeks; his have been clearly described in a re-evaluation of 04/15/15. Progress notes by pain management do not describe PTSD symptoms. This would require more in depth questioning and in fact considered more within the realm of psychiatry. In order to properly evaluate and treat this man a psychiatric evaluation is medically necessary to insure that he is on the correct regimen. This request is therefore medically necessary.

10 sessions of counseling for treatment of PTSD and depression: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102 of 127.

Decision rationale: While the patient carries the diagnosis of PTSD, he has yet to receive a current psychiatric evaluation to determine the level of care and treatment he requires at this time. Symptoms described in current progress notes do not provide sufficient rationale to approve this request. Until psychiatric evaluation occurs and recommendations are made, this request is not medically necessary.