

Case Number:	CM15-0118352		
Date Assigned:	06/26/2015	Date of Injury:	02/07/2001
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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

Certification(s)/Specialty: Psychologist

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 67 year old male who reported an industrial injury on 2/7/2001. His diagnoses, and/or impressions, are noted to include: medicine-induced xerostomia; chronic migraines; cervical spine muscle spasms and chronic intractable shoulder pain, status-post cervical spine surgery and left shoulder surgery; and diabetes mellitus with anxiety and depression. No current imaging studies are noted. His treatments are noted to include Dental evaluation and treatment; Botulinum toxin injections to the cervical spine and facial, trigeminal cervical and accessory nerves; medication management with toxicology screenings; and rest from work. The progress notes of 5/19/2015 reported a return visit with reports of: recent laboratory study findings; that he has experienced 8 migraine headaches since his last visit on 4/20/2015, the need for repeat Onabotulinum toxin injections, and that he has an overall decreased frequency and severity with his migraines; the continued management of his cervical pain with Norco with Orphenadrine for muscle spasms; and that he continues to manage his activities of daily living with the help of his wife due to his chronic intractable pain condition and need for chronic pain management. Objective findings were noted to include: notation of a fair mood; independent ambulation without an antalgic gait and use of a walking stick; tight cervical para-spinal muscles with multiple trigger points; unchanged decreases sensation to the bilateral feet/ankles; decreased strength in the upper and lower extremity muscles; and decreased deep tendon reflexes at the patella, Achilles tendons, triceps, biceps, and brachioradialis tendons. The physician's requests for treatments were noted to include follow-up with psychiatrist

regarding medication management of depression and anxiety, and for ongoing psychological support therapy. The letter attached to the "PR-2" of 5/11/2015, from the Clinical Psychologist, noted the report from the injured workers wife that he is in declining health and may not be able to see her anymore because of his physical status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Psychiatrist: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in 2001. He has also been experiencing psychiatric symptoms of depression and anxiety and has been treating with psychologist, [REDACTED] for quite some time. The request under review is for a follow-up visit with psychiatrist, which is a bit confusing in this case. In some of her PR-2 reports, [REDACTED] has indicated that continued treatment planning includes follow-up treatment with psychiatrist for medication management and supportive therapy and has listed [REDACTED], a psychologist, as the provider. This appears to be an error as [REDACTED] is not providing psychotropic medication management, only psychotherapy. It does not appear that the injured worker has been treating with a psychiatrist. As a result, the request under review is not applicable at this time and is therefore, not medically necessary. It is suggested that future requests be more specific regarding the disciplines. If the injured worker requires a psychiatric consult for a psychotropic medication evaluation with a psychiatrist, that needs to be clearly identified. If the request involves psychotherapy with a psychologist/therapist, that needs to be clearly identified as well.