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| Case Number: | CM13-0003276 | | |
| Date Assigned: | 03/21/2014 | Date of Injury: | 03/27/2009 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 07/02/2013 |
| Priority: | Standard | Application Received: | 07/25/2013 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 60 year old male with a date of injury of 03/27/2009. The listed diagnoses per [REDACTED] are: 1. Adjustment disorder with mixed anxiety and depression 2. Insomnia-type disorder due to pain 3. Female hypoactive sexual desire disorder due to pain 4. Psychological factors affecting Medical condition According to report dated 06/03/2013 by [REDACTED], the patient is sleeping better and sleeps 6/8 hours. "She's no longer depressed or tearful. Says meds help a lot." The treater states based on current assessment the treatment plan includes medications, telephone consults, related psychiatric and social services. Medications will include, "but not limited to," Cymbalta 30mg and Ativan 0.5mg. Progress report dated 03/01/2013 reports, the patient has experienced an exacerbation of depressive and anxiety related symptoms and complains of tearfulness. Diagnoses and treatment plans are the same. There are no objective findings for either report.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY MEDICAL SERVICES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387,398. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine Practice Guidelines (ACOEM), 2ND Edition (2004) Page 127

Decision rationale: The patient presents with depression and anxiety. The treater is requesting "monthly medical services." The Utilization review dated 07/02/2013 denied the request stating, the request lack specific details of what is actually meant or intended by monthly medical service, psyche and social services and telephonic consultations. In an appeal letter from 08/28/2013, the treater clarifies that monthly medical services and psyche services are to include "team conferences and checking in with the patient regarding her medication regimen." ACOEM Practice Guidelines, page 127 has the following: "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." ACOEM guidelines further states referral to a specialist is recommended to aid in complex issues. In this case, specialty monthly medical services for conferences and checking medication regimen is not warranted, as these services can be provided by patient's PTP. Furthermore, the progress reports and the appeal letter do not specify number of visits or duration of treatments. Even in the appeal letter, the specifics of the request is vague, without who will participate in these conferences and what is to be accomplished, more than what can be done via routine visitation with the primary treater. Recommendation is for denial

PSYCHIATRIC SERVICES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387,398. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine Guidelines (ACOEM) 2nd Edition (2004) Page 127.

Decision rationale: The patient presents with depression and anxiety. The treater is requesting Psychiatric services. The Utilization review dated 07/02/2013 denied the request stating, the request lack specific details of what is actually meant or intended by monthly medical service, psyche and social services and telephonic consultations. In an appeal letter from 08/28/2013, the treater clarifies that monthly medical services and psychiatric services are to include "team conferences and checking in with the patient regarding her medication regimen." ACOEM Practice Guidelines, page 127 has the following: "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." ACOEM guidelines further states, referral to a specialist is recommended to aid in complex issues. In this case, the treater's report states that the patient is no longer depressed and is doing better. The treater does not explain why continued Psychiatric services are needed, and in particular, a team conference. Recommendation is for denial.

SOCIAL SERVICES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387,398. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2ND Edition (2004) Page 491.

Decision rationale: The patient presents with depression and anxiety. The treater is requesting Social Services. Utilization review dated 07/02/2013 denied the request stating, the request lack specific details of what is actually meant or intended by monthly medical service, psyche and social services and telephonic consultations. In an appeal letter from 08/28/2013, the treater clarifies that social services are to provide patient such assistance as "referral to County services, or how to access various local services." ACOEM guidelines has the following regarding evidence based medicine on page 491 "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." In this case, there is no medical necessity in referring the patient to county services. It is unclear why this service would be medically necessary and why it would be the responsibility of the patient's physician for such referrals. Recommendation is for denial.

TELEPHONIC CONSULTATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387,398. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College of Occupational and Environmental Medicine Guidelines (ACOEM), 2ND Edition (2004) Page 491 and 492

Decision rationale: The patient presents with depression and anxiety. The treater is requesting telephone consultations. Utilization review dated 07/02/2013 denied the request stating, the request lack specific details of what is actually meant or intended by monthly medical service, psyche and social services and telephonic consultations. In an appeal letter from 08/28/2013, the treater states that "telephone consults are standard procedure and universally accepted." The treater goes on to argue the importance of patients being able to contact the clinic when needed outside of the regularly scheduled treatment appointment, "especially when the possibility of self harm is in the picture." The ACOEM, MTUS and ODG guidelines do not discuss telephonic consultations. However, ACOEM pg 491, 492 has the following. "Guidelines can be evidence based only to the extent that there is appropriate scientific literature on which they can be based. Unfortunately, guideline development most often requires reaching a consensus regarding "best

practice" in areas in which there is no definitive literature. Guideline developers must then base their recommendations on something other than science. Frequently, recommendations are premised on the apparent reasonableness of the intervention in question, the degree to which it puts a patient at a risk for harm, and the apparent cost-effectiveness of the intervention." In this case, telephone consultations with the treater are reasonable and standard practice. Recommendation is for approval.