

Case Number:	CM13-0009465		
Date Assigned:	10/11/2013	Date of Injury:	07/07/2011
Decision Date:	04/04/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/09/2013

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 Psychiatry and is licensed to practice in New York. 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 claimant is a 52-year-old woman with a date of injury of 7/7/2011. She was lifting an overhead ramp and since then has had pains in her arms, back and neck. Her psychiatric diagnoses include Major Depressive Disorder and Pain Disorder associated with both psychological factors and a general medical condition. Her psychiatrist requests psychiatric visits twice/week for 4 weeks (8 visits) and every 3 months thereafter (total number of visits unspecified.) Psychiatric report of 6/10/2013 notes that she began to notice mood symptoms about 8 months prior with depressed mood, crying episodes, irritability, isolativeness, sleep disturbance, reduced libido due to pain leading to marital strife and then recent suicidal ideation. Psychiatrist note of 6/12/13 notes that the patient is still "depressed" but "emotionally feeling better" and recommends continued use of Cymbalta 20mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC VISITS 2 X WEEK FOR 4 WEEKS THEN QUARTERLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2008, page 1068.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 23.

Decision rationale: The MTUS does not specifically address the request psychiatric visits twice/week for 4 weeks (8 visits) and every 3 months thereafter (total number of visits unspecified.) The request for "psychiatric visits" is ambiguous and presumed by this reviewer to be a request for medication management visits. ACOEM Stress related conditions chapter states that the "frequency of follow up visits may be determined by the severity of symptoms whether the patient was referred for further testing and or psychotherapy and whether the patient is missing work." In this context, the request for psychiatric visits twice a week for 4 weeks is excessive given the patient's apparent positive initial response to Cymbalta. More appropriate might be a request for monthly visits for 3 months followed after time with a separate request for follow-up quarterly visits which would at that point be assessed after the initial treatment sessions and then considered depending on the functional improvements gained and/or monitoring & maintenance treatment needs. The request as it stands for 8 "psychiatric visits" over 4 weeks followed by 1 visit every 3 months thereafter (duration unspecified) is not in accordance with any guideline, is not medically necessary and not be certified.