

Case Number:	CM13-0037293		
Date Assigned:	12/13/2013	Date of Injury:	01/23/1997
Decision Date:	02/07/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The reviewer is certified in Psychology 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 physician 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.

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 57 year-old male (██████████) with a date of injury of 1/23/97. The mechanism of injury is not found within the records. He is diagnosed by ██████████ with the following medical conditions: (1) lumbar disc herniation; Lumbar discopathy; (3) cervical discopathy, status post C6-C7; (4) Early degeneration C5-6; and (5) obesity. According to all PR-2 reports (dated 11/1/12 - 8/1/13) submitted by ██████████, the claimant was diagnosed with: (1) Adjustment disorder with Mixed Anxiety and Depression; and (2) Psychological Factors Affecting Medical Condition. In his PR-2 report dated 9/3/13, ██████████ updated the claimant's diagnosis to: (1) Major Depressive Disorder, single episode, severe; and (2) Psychological Factors Affecting Medical Condition. According to the medical records, the claimant has been taking Prozac, Ativan, and Resoril for his psychiatric conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for unknown monthly psychotropic medication management modified to a certification of 1 psychotropic medication management visit between 8-1-2013 and 11-9-2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Mental Illness and Stress Chapter..

Decision rationale: The CA MTUS does not specifically address the use of follow-up office visits, therefore, the Official Disability Guidelines will be used as reference for this case. According to the PDG, office visits are recommended. The guideline state, "Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Based on the cited guidelines, the determination of office visits is based on a case by case assessment which reviews the patient's concerns, their symptoms, their clinical stability, the medications they are taking, and the physician's judgment. Despite all the medical records offered for review, there was not one progress note or report provided by the treating psychiatrist, [REDACTED]. Without information from the treating physician, the need for further office visits cannot be determined. As a result, the request for "unknown monthly psychotropic medication management modified to a certification of 1 psychotropic medication management visit between 8-1-2013 and 11-9-2013" is not medically necessary.