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| Case Number: | CM13-0042771 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 06/20/2007 |
| Decision Date: | 02/25/2014 | UR Denial Date: | 09/19/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 physician reviewer is Board Certified in Family Practice 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. 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 31-year-old male who reported an injury on 06/20/2007. The patient is diagnosed with major depression, generalized anxiety disorder, and pain disorder. The patient was recently seen by [REDACTED] on 10/29/2013. The patient reported improvement in depression, sleep, and mood instability. Mental status examination revealed an appropriate affect and mood. Treatment recommendations included continuation of current medication, recommendation for psychotherapy, and a return to the clinic in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits 8 weeks for 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office Visits

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. As per the clinical

documentation submitted, the patient reported improvement in depression, sleep, and mood instability. The patient's mental status examination revealed an appropriate mood. There is no documentation of a significant psychological disorder that would require such frequent monitoring. Although the patient may meet criteria for a follow-up psychiatric visit, to allow for monitoring of medication, the current request for 12 follow-up visits is excessive in nature. Based on the clinical information received, the request is non-certified.