

Case Number:	CM13-0043358		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2010
Decision Date:	04/28/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/23/2013

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 Sports Medicine and is licensed to practice in Texas. 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 61 year-old male who reported an injury on 07/29/2010 and the mechanism of injury was a fall. The patient has ongoing issues with neck pain and depression. The patient's current diagnosis is depression. The patient's past therapies include physical therapy with traction, medications, epidural steroid injection and acupuncture without any pain relief. The clinical notes indicate the patient's current medications include Fexmid, Norco, Sentra pm, Synovacin, Terocin, Theramine, and Ambien. The current request is for a consult for medication management time's eight visits for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT FOR MEDICATION MANAGEMENT TIMES EIGHT VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1067. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);Mental Illness & Stress,Office Visits.

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) Neck and Upper Back, Office visits

Decision rationale: CA MTUS/ACOEM states follow up visits are supported to reassess the patient and the efficacy of medications. The Official Disability Guidelines indicate that an 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 medical documentation indicates the patient is having severe depression and is on medications that would require monitoring. However, as patient conditions are varied, a set number of office visits cannot be reasonably established. The outcome of the medication management visits would dictate the necessity of future visits and their frequency. Therefore, the necessity of the requested 8 visits cannot be established. Therefore, the request for consult for medication management time's eight visits is non-certified.