MAXIMUS Federal Services

| Case Number: | CM13-0044490 | | |
|---|---|---|---|
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/20/2006 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 10/18/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

## 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 licensed in Psychology 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 injured worker is a 44-year-old female who reported an injury on 01/20/2006. The mechanism of injury was not provided within the documentation. Her prior treatments were noted to be physical therapy and psychotherapy. Her diagnoses include failed back surgery syndrome; status post 2-level fusion with instrumentation in 2009. In addition, it is noted she had a diagnosis of probable arachnoiditis and lower extremity radiculitis with radiculopathy being worse on the right. The injured worker had a clinical evaluation on 03/20/2014. The injured worker presented for this evaluation for medication management. She continued to have significant pain in the low back and also midback. She had symptoms of burning pain anteriorly from the chest down to both lower extremities which was improved to some extent with the increase in Neurontin. She reported increased anxiety during the day was improved after her psychiatrist, [redacted] discontinued the Cymbalta and switched her over to Prozac. The physical evaluation notes pain over the right sacroiliac joint, deep to the right buttocks, over both hips, the trochanteric bursa, and down both lower extremities. Straight leg raise was positive in the right lower extremity. She participated in a trial of spinal cord stimulation for the symptoms of failed back surgery syndrome; however, this did not help her. Electrodiagnostic studies had shown chronic right lower extremity radiculopathy in addition to axonal polyneuropathy and possible left L4 and L5 radiculopathy. Her medications were reviewed. Norco remains the same, gabapentin has been increased, Xanax has been reduced, Elavil is at bedtime, and was Cymbalta discontinued and replaced with Prozac in the morning. A request for authorization for medical treatment was dated on 03/20/2014. A rationale for the requested psychiatrist office visit was not provided within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist office visit:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit.

**Decision rationale:** The Official Disability Guidelines indicate office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Per the provided documentation the injured worker had improvement with the prior psychiatrist visits. The provider indicated the injured worker had decreased anxiety with the discontinuation of Cymbalta and implementation of Prozac. Within the documentation it was noted the injured worker presented with decreased depression after the prior psychiatry visit. The provider recommended continued visits with psychiatry as the injured worker experienced positive effects with the prior visits and with the medication adjustments. The injured worker was noted to be taking medications for which continued monitoring would be indicated including Xanax, Elavil, and Prozac. Therefore, a psychiatric office visit would be indicated for medication management. Therefore, the request for psychiatrist office visit is medically necessary and appropriate.