

Case Number:	CM13-0044627		
Date Assigned:	05/12/2014	Date of Injury:	08/19/2011
Decision Date:	06/06/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	10/31/2013

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 and Pain Management, has a subspecialty in Interventional Spine 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 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 case involves a 51 year-old male who was injured on 8/19/2011. The Independent Medical Review (IMR) application shows a dispute with the 10/29/13 Utilization Review (UR) decision. The 10/29/13 UR letter is from [REDACTED], and was based on an 8/3/13 report from [REDACTED] and a 1/18/13 supplemental psychiatric report from [REDACTED]. The UR recommended against pharmacological management of psychological symptoms because the frequency and duration were not provided. Unfortunately, the 8/3/13 and 1/18/13 medical reports were not provided for this IMR. According to the 11/19/13 RFA form, the patient has been diagnosed with Major Depressive disorder, single episode; anxiety disorder NOS, male hypoactive sexual disorder. There are also orthopedic diagnoses from [REDACTED] from 4/15/13 showing nonunion fracture; fracture of shaft of radius, open; and tenosynovitis of hand/wrist. Additionally, there are procedural reports dated 11/14/13 and 1/16/14 for a lumbar TFESI at L5/S1, and trigger point injections in the lumbar paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT INCLUDING PRESCRIPTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 398.

Decision rationale: The patient presents with orthopedic and psychiatric complaints. The review is for a vague request for "Pharmacological management including prescription" According to the 10/29/13 Utilization Review (UR) letter, this was for psychiatric pharmacological management, but there was no frequency or duration listed. According to the MTUS/ACOEM guidelines, there is no set limitation on visits, the 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." And "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Referral to a psychiatrist for medicine therapy." The patient is reported to be taking psychiatric medications from [REDACTED]. Continued psychiatric monitoring of efficacy of psychotropic medications appears to be in accordance with the MTUS/ACOEM guidelines. The request is medically necessary and appropriate.