

Case Number:	CM13-0056742		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2009
Decision Date:	05/16/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 41-year-old female with a 2/4/09 date of injury. At the time (11/18/13) of the Decision for psychiatric follow up visits x3 for medication management, there is documentation of subjective (chronic neck, knees, shoulder, and back pain as well as depressive symptoms) and objective (antalgic gait) findings, current diagnoses (status post lumbar fusion and Plica syndrome), and treatment to date (right shoulder surgery, cognitive behavioral therapy, physical therapy, and medications (including Wellbutrin and Lexapro)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of medications use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC FOLLOW UP VISITS X3 FOR MEDICATION MANAGEMENT:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL & STRESS, OFFICE VISITS, AND OTHER MEDICAL

TREATMENT GUIDELINE OR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20.

Decision rationale: MTUS reference to ACOEM Guidelines identifies that given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnosis of status post lumbar fusion and Plica syndrome. In addition, there is documentation of a condition/diagnoses (depressive symptoms) for which medication management is indicated and ongoing conservative treatment (including medications: Wellbutrin and Lexapro). However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of medications use to date. Therefore, based on guidelines and a review of the evidence, the request for psychiatric follow up visits x3 for medication management is not medically necessary.