

Case Number:	CM13-0061414		
Date Assigned:	05/09/2014	Date of Injury:	09/12/2013
Decision Date:	07/09/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 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:

60 y/o female with date of injury 9/12/2013. Date of UR decision was 11/20/2013. Per Doctors first report of Occupational injury dated 2/14/2014, the mechanism of injury is stress from her job which is resulting in panic attacks, somatic symptoms. Objective findings are "anxious, tearful." Diagnosis given in the first report is Major depressive disorder. The IW was prescribed remeron and clonazepam, doses unknown. PR from 3/21/2014 lists subjective complaints as pain in neck, back and right leg. She has difficulty controlling her emotions, sleeping and making decisions. She feels sad, tired, helpless, irritable, fearful, nervous, restless, anxious, and depressed. Objective findings include sad mood, dysphoric mood, irritable, anxious mood, restless, nervous, apprehensive, body tension and over talkative. The diagnosis given to IW are Major depressive disorder, single episode, mild; Generalized anxiety disorder and Insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRY FOLLOW-UP VISITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Mental illness, Office visits Stress related conditions.

Decision rationale: According to CA MTUS guidelines" 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. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns."ODG states "Office visits: Recommended as determined to be medically necessary. 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 determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The request does not specify the quantity or the frequency of follow up visits, the goals of treatment, the tentative duration of treatment and at what point the care could be transferred back to primary provider. Additional information is needed to affirm medical necessity.