

Case Number:	CM13-0063611		
Date Assigned:	06/09/2014	Date of Injury:	05/09/2011
Decision Date:	08/04/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The injured worker is a 34-year-old female with date of injury 5/9/11 with related pain in her neck, left shoulder, and back. Per 1/28/14 progress report, she also noted significant internal abdominal pain. In terms of depressive based symptoms, the injured worker reported feelings of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, a lack of motivation, sleep disturbance, appetite changes, and feelings of emptiness. She denied suicidal ideation and committed to safety. In terms of anxiety based symptoms, she reported feelings of insecurity, health worries, social apprehension - especially in crowds, ruminations and recurrent thoughts about the accident, nightmares and fears related to her accident, panic attacks and symptoms of physical trembling, shortness of breath, excessive perspiration, fears of dying, dizziness, chest pains, heart palpitations, and a sense of dread or doom. On the Beck Depression Inventory, she obtained a score of 48, placing her in the severe range of clinical depression. On the Beck Anxiety Inventory, she obtained a score of 38, suggestive of a severely anxious state. Her Global Assessment of Functioning was 58. The date of UR decision was 11/22/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC FOLLOW UP VISITS, ONCE PER SIX TO EIGHT WEEKS OVER A COURSE OF SIX MONTHS FOR A TOTAL OF 4 VISITS.: 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 and Stress Chapter, Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: Per ACOEM: "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 mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns." Review of the submitted documentation revealed significant symptomatology, which warrants psychiatric follow up visits. I respectfully disagree with the UR physician's assertion that the request exceeds the medical practice standard of care recommendations. The guidelines state that the frequency of follow-up visits is to be determined on a case-by-case basis. The request is medically necessary.