

Case Number:	CM13-0067884		
Date Assigned:	01/03/2014	Date of Injury:	06/04/2010
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/18/2013

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 62 year old female with date of injury of June 4, 2010. According to the primary treating physician's progress report (PR-2) from September 23, 2013, the subjective complaints of injured worker are persisting pain in right hand, elbow and wrist. She feels tired and sleepy, lacks energy, feeling less anxious and tense, some improvement in feelings of sadness, tends to socially isolate from others, has difficulty concentrating. A progress report by Psychiatrist dated August 17, 2013 suggests that injured worker has been experiencing daytime sleepiness. The psychotropic medications prescribed for injured worker are prozac, risperidal. Xanax (as needed) was switched to klonopin (as needed) at that visit. Twelve (12) sessions of Cognitive behavior group therapy and twelve (12) sessions of hypnotherapy/relaxation training have been approved for the injured worker. The report from August 12, 2013 states subjective findings of feeling tired, lacks energy and has sleep difficulties. The injured worker also stated that she was sad, tired and anxious. There was some improvement of her emotional condition with psychotropic meds and psychotherapy interventions.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC TREATMENT AS INDICATED BY THE PHYSICIAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS, OFFICE VISITS STRESS RELATED CONDITIONS

Decision rationale: The Official Disability guidelines state that office visits are 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. According to the Official Disability Guidelines, office visits should be encouraged but patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The above stated request does not specify the initial tentative number of visits requested, the frequency of visit, or goals of treatment. Therefore the request is not medically necessary at this time.