

Case Number:	CM13-0069164		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2006
Decision Date:	04/09/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

This is a 56 year old female with date of injury of 4/26/2006. She sustained cumulative trauma to her neck and bilateral upper extremities resulting in chronic pain. She developed psychological symptoms per AME report from 5/2013 secondary to the chronic pain and status post being involuntarily terminated from work. She was seen by Psychiatrist on 8/28/2012, diagnosed with major depressive disorder, recurrent, in partial remission. Progress report from 5/2013 states subjective findings of "depression, loss of energy, feeling slowed down, loss of interest and motivation, diminished capacity for pleasure, feeling of hopelessness, helplessness". PR from 7/2013 states that she is "visibly depressed and anxious mood, blunted affect". PR from 9/13/2013 lists diagnoses of depressive disorder, pain disorder, primary insomnia, psycho physiologic GI reaction, alcohol dependence in remission. The report from 12/16/2013 from the treating Psychologist was reviewed. Per his report, the injured worker has received 12 sessions of psychotherapy from him. The medication management with psychiatrists has provided her "with better emotional control and the frequent episodes of uncontrollable crying with which she presented in May are now rare. The prolonged episodes of dependency have been mitigated by the treatment."

IMR ISSUES, DECISIONS AND RATIONALES

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

2 medical follow-up visits: Upheld

Claims Administrator 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 and Stress

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

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" Based on the reviewed documentation, the injured worker has been receiving psychotherapy and medication management sessions. She is on a regimen of medications that has been helpful with anxiety and depression symptoms. There has been no mention regarding at what point, the treatment can be handed back to the primary physician. She is taking wellbutrin, Seroquel, Klonopin and ambien at this time. There has been no mention regarding the plan for ambien and Klonopin since they are not recommended to be continued on a long term basis. The request for 2 medical follow up visits are not medically necessary and appropriate.