

Case Number:	CM14-0000165		
Date Assigned:	01/10/2014	Date of Injury:	06/24/2006
Decision Date:	06/23/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/31/2013

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 patient is a 55 year old female with a date of injury of 6/24/06. A progress report from 3/13/13 lists diagnosis of depression and anxiety. At that time, the patient was receiving klonopin 0.5mg to be taken three times a day as needed for anxiety, and ambien CR 12.5mg for sleep. It appears from that progress note that she received six visits of psychotherapy, but is still quite depressed. A progress report from 6/7/13 lists symptoms for anxiety, depression, and insomnia. Objective findings include depressed affect, and anhedonia. A progress report from 7/3/13 lists the current medications as zoloft, ambien, and klonopin. A progress report from 8/21/13 indicated that she is also taking trazodone. A report from 8/26/13 states that she has been benefitting from psychotherapy with subjective improvement; she is less depressed and infrequently tearful. Her objective improvements noticed by the psychologist include appearing less depressed, less anxious, and more hopeful. A progress report from 9/29/13 states that her zoloft was increased, and a progress report from 11/13/13 states that her depression has been worsening, and she has difficulty with sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIVE (5) FOLLOW UP PSYCHIATRIC SESSIONS: Overturned

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 the California MTUS guidelines, the 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. The Official Disability Guidelines state that office visits are recommended, as evaluation and management 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's 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 submitted documentation reveals that the primary treating physician has been managing the injured worker's depression, anxiety, and insomnia for a significant amount of time and various medications have been tried. Psychiatric sessions are indicated at this time for further management of depression, anxiety, insomnia, and medication management. As such, the request is medically necessary.