

Case Number:	CM14-0006483		
Date Assigned:	02/07/2014	Date of Injury:	08/10/2008
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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:

This is a 33 year old male with date of injury 8/10/2008. Date of UR decision was 12/30/2013. Neuropsychological AME dated 02/21/2013, indicated that he has nightmares, is always distracted, panics when in a car, sleep disrupted by pain and nightmares s/p being involved in a MVA with the truck driven by his supervisor. IW has been diagnosed with Major Depressive Disorder, severe, without psychotic features; Post Traumatic Stress Disorder; Pain disorder associated with Psychological factors and General Medical Condition. Report from 11/19/2013 suggests that is depressed, sleeps until pain wakes him up, feels people are following him, and has nightmares regarding the accident, feels irritated. The psychological symptoms were noted to be directly related to the industrial trauma.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIST FOR TREATMENT AND PSYCHIATRIC MEDICATION @A MINIMUM OF 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Psychologica.

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. " It is not clear as to which medications are to be prescribed for the next six months. The guidelines recommend different medications for different lengths of time and certain medications are intended just for short term use. Hence, request for individual medications would help make the decision. Also, in terms of the Psychiatrist treatment for a minimum of six (6) months, it is unclear as to how frequently the IW will be seen, i.e. frequency of follow up visits, goals of treatment. The request is not medically necessary and appropriate.