

Case Number:	CM14-0006989		
Date Assigned:	02/07/2014	Date of Injury:	01/15/2009
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/18/2014

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:

The patient is a 51 year old male with date of injury 1/15/2009. Date of UR decision was 12/26/2013. The PR from 1/11/2013 suggests subjective complaints of feeling tired, compliance with medications and improvement in mood. Objective findings are that mood is stable, cooperative, engaging and appropriate affect, rest of the findings on mental status examination were within normal limits. The Buspar 15 mg bid was continued at that visit. The PR from 5/13/13 listed the IW being anxious and nervous, and objective findings as anxious, nervous and apprehensive. The PR from 7/27/2013 indicated stable mood and continuation of nortryptline and buspar. The PR from 10/4/2013 states that he feels sad and discouraged, pessimistic, frustrated, feels sad, socially withdrawn, restless, sleep difficulties, poor concentration and has memory difficulties and objective findings are suggestive of anxious mood, appears tired, bodily tension, poor concentration. The IW has been diagnosed with Major depressive ds, single episode; generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT INCLUDING PRESCRIPTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

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 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. "The request does not specify the nature of medications that are being prescribed, frequency of visits, or duration of treatment. Additional information is needed to affirm medical necessity.