

Case Number:	CM14-0007070		
Date Assigned:	02/07/2014	Date of Injury:	10/22/2004
Decision Date:	06/23/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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:

62 year old male with date of injury 10/22/2004. Date of UR decision was 12/31/2013. Mechanism of injury was a fall at work that resulted in pain in left knee, bilateral shoulders and in the face. Per Psychiatric AME from 05/06/2010, IW complains of being depressed, anxious, angry, tense and unable to concentrate. Diagnoses of Depressive ds NOS; Sleep ds secondary to pain, depression, anxiety; Male hypoactive sexual desire ds and Pain ds associated with both Psychological factors and general medical condition were given to IW. Psychologist PR report from 12/1/2012 lists subjective complaints as severe pain, depression and discouragement. Objective findings are depression and reduced self esteem. The IW has been given the following diagnosis: Adjustment ds with mixed anxiety and depressed mood; Insomnia type sleep ds due to pain and Male erectile ds due to pain. The IW received 10 sessions of CBT for chronic pain. PR from 2/1/2013 states that IW has pain, frustration, depression and poor sleep. PR report from 11/1/2013 states that prozac, ativan and atarax have been prescribed for the IW for diagnosis of Major Depressive ds, single episode, severe; insomnia due to pain ds and male erectile ds due to pain. PR from 10/29/2013 indicates that there is functional improvement reflects by increased levels of social contact, great abilities in accomplishing ADL's and planning for possibility of a return to work as he has been in treatment for over 5 years. Appeal letter from 12/12/2013 was reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 PSYCHOTROPIC MEDICATION MANAGEMENT SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 14: STRESS RELATED CONDITIONS, 405

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: 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. "Guidelines suggest that office visits are recommended and the determination is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, reasonable physician judgment and also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The IW has been on the same medication regimen for a considerable length of time, with minimal changes in symptoms and the medication regimen. Medical necessity for 6 more medication management sessions cannot be established based on the submitted documentation. Therefore the request is not medically necessary.