

Case Number:	CM14-0109237		
Date Assigned:	08/01/2014	Date of Injury:	06/30/2009
Decision Date:	09/19/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation 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 46 year-old patient sustained an injury on 6/30/09 when her finger was caught between two baskets she was filling while employed by [REDACTED]. Request(s) under consideration include Office visits (4 visits). Diagnoses include Anxiety state unspecified. Report of 4/11/14 from psychology provider noted the patient with chronic ongoing back, shoulders, wrists, elbows, and neck pain with headaches, and feeling emotional with crying spells. There was report of lack of motivation and desire to stay in bed through the day. She noted some improvement of sleep with medication and intensity of depressive and anxious symptoms have decreased with psychotropic medications and psychotherapy interventions. Treatment plan included CBT, relaxation training/ hypnotherapy, and follow-up. Report of 6/20/14 from the provider noted the patient with low back pain; did not document functional improvement from medications. The patient was pending CTR. Treatment noted consideration to increase Wellbutrin. The request(s) for Office visits (4 visits) was modified for 1 psych follow-up office visit on 6/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits (4 visits): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7- Independent Medical Examinations and Consultations, page 127.

Decision rationale: This 46 year-old patient sustained an injury on 6/30/09 when her finger was caught between two baskets she was filling while employed by [REDACTED]. Request(s) under consideration include Office visits (4 visits). Diagnoses include Anxiety state unspecified. Report of 4/11/14 from psychology provider noted the patient with chronic ongoing back, shoulders, wrists, elbows, and neck pain with headaches, and feeling emotional with crying spells. There was report of lack of motivation and desire to stay in bed through the day. She noted some improvement of sleep with medication and intensity of depressive and anxious symptoms have decreased with psychotropic medications and psychotherapy interventions. Treatment plan included CBT, relaxation training/ hypnotherapy, and follow-up. Report of 6/20/14 from the provider noted the patient with low back pain; did not document functional improvement from medications. The patient was pending CTR. Treatment noted consideration to increase Wellbutrin. The request(s) for Office visits (4 visits) was modified for 1 psych follow-up office visit on 6/30/14. Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including anti-psychotics. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have adequately demonstrated continued symptoms and findings to allow for follow-up intervention and care from the provider for adjustment with plan to increase Wellbutrin dosing as indicated to achieve eventual independence from medical utilization; however, future follow-ups are determined based on current assessment and functional conditions with evidence of acute flare-up, changed clinical findings, or red-flag conditions identifying progression and instability, not demonstrated here for this chronic injury. The Office visits(4 visits) are not medically necessary and appropriate.