MAXIMUS Federal Services

Case Number:	CM14-0109611		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2002
Decision Date:	10/20/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of March 11, 2002. A utilization review determination dated July 2, 2014 recommends non-certification of psychiatric follow-up for 6 visits. Non-certification is recommended due to lack of documentation of psychological issues. A progress report dated June 17, 2014 identifies subjective complaints of status post corneal transplant in the left eye on May 12, 2008. The note indicates that the patient also has low back pain which is being treated by an orthopedist. Past medical history indicates that the patient has psychosocial stressors and is being followed by a psychiatrist. Diagnoses include hypertension and status post corneal transplants. The treatment plan indicates that the physician reviewed labs, radiology studies, diagnostic studies, and old records and counseled the patient regarding the treatment plan and need for follow-up. A progress report dated June 17, 2014 identifies subjective complaints of low back pain with episodes of (illegible) left lower extremity after sitting (illegible). Objective examination findings reveal a positive straight leg raise on the right at 60 with a restricted range of motion. Diagnoses include corneal opacity, depressive disorder, and status post cornea transplant. The treatment plan recommends tramadol, Prilosec, gabapentin, and psych due to (illegible). A psychiatry follow-up note dated May 22, 2014 identifies subjective complaints indicating that the patient is doing well mentally relaxed and smiling. The patient has had a good response to treatment with no new symptoms or side effects. The note goes on to state that the patient's anxiety and related symptoms are under satisfactory control, depression and related symptoms are also well-controlled, sleep is normal most of the time, appetite and weight are stable, energy level is good, and memory and concentration are slightly impaired without significant change. Mental status exam identifies the patient is cheerful with frequent smiling and occasional laughing with a positive thought content. Diagnoses include a

major depression now in substantial remission. The treatment recommendations are to continue Ativan 1 mg BID PRN and Paxil 20 mg once daily. A return visit is recommended in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Follow Up 6 (Six) Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 391, 398,Chronic Pain Treatment Guidelines Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits

Decision rationale: Regarding the request for referral to psychiatrist for consultation and treatment of the cervical and lumbar spines, and right shoulder, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Additionally, Occupational Medicine Practice Guidelines state that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Guidelines go on to indicate that non-psychological specialists commonly deal with and try to treat psychiatric conditions. They do recommend referral to a specialist after symptoms continue for more than 6 to 8 weeks, or if there are any red flag conditions. Regarding the request for 6 Office Visits, California MTUS does not specifically address the issue. ODG cites that "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. 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." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. While a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for monthly office visits for 6 months cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested Psych Follow up 6 (Six) Visits are not medically necessary.