

Case Number:	CM14-0011864		
Date Assigned:	02/21/2014	Date of Injury:	11/14/2006
Decision Date:	08/04/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Occupational Medicine 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 60-year-old male who has submitted a claim for major depressive disorder and dysthymia associated with an industrial injury date of November 14, 2006. Medical records from 2013-2014 were reviewed. The patient complained of being depressed. The patient feels that positive events don't cheer him up. He feels helpless and sleeps with difficulty. He reports that depression was linked to the pain. Physical examination showed the patient in a calm, pleasing, cooperative, and well-groomed behavior. He walks with a cane and has fair eye contact. He was wincing in pain at times. The mood of the patient was down. Thought process, perception, thought content, cognition, and insight and judgment was normal. Treatment to date has included medications, physical therapy, home exercise program, psychotherapy, and activity modification. Utilization review, dated January 17, 2014, denied the request for office/outpatient visit because the patient has already had 18 sessions of psychological treatment previously and the additional psychotherapy being request would be well in excess of the guideline criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

OFFICE / OUTPATIENT VISIT EST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain 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), Pain Section, Office Visits.

Decision rationale: The MTUS Guidelines does not address this topic. The Official Disability Guidelines states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient was diagnosed with major depressive disorder and dysthymia. Patient had multiple sessions of psychotherapy. There was documentation of some of the psychiatric visits. Recent psychiatric progress report, dated January 8, 2014, stated that patient was more depressed secondary to chronic pain. Follow-up consultation and additional psychotherapy may be necessary. However, the request failed to specify the type of office visit and the quantity needed for this case. Therefore, the request for office/outpatient visit EST is not medically necessary and appropriate.