

Case Number:	CM14-0018696		
Date Assigned:	04/18/2014	Date of Injury:	10/26/2009
Decision Date:	08/07/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 Internal 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:

This is a case of a 45 year old female who was injured on the job on 10/26/09. She worked as a sandwich prep person at [REDACTED]. She would work in a standing position and turn to her left and then front and then to her right repetitively. She would do some reaching, lifting, topping the sandwiches with condiments, and wrapping them up. She then developed stiffness of her neck and shoulders and developed problems turning her head and looking down. In addition to an orthopedic injury, she also developed type 2 diabetes mellitus and hyperlipidemia also work related. Patient was seen by [REDACTED] on 1/15/2014. On that day, the patient reported that she is not working, and getting Social Security Disability and needs a refill of her medications. She has good and bad days and feels she is staying the same. She remains symptomatic, mood and affect are flexible. She seems to be hopeful. She is on Gabapentin, Metformin, Glipizide, Lovaza, Simvastatin, and Lisinopril.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONGOING SUPPORTIVE PSYCHIATRIC TREATMENT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG) : Mental Illness and Stress Chapter: Office Visits.

Decision rationale: This case is about a 45 year old female who had developed an unspecified type of mood disorder with some good and bad days related to her work injury on 10/26/2009. Based on the ODG regarding office visits, it is recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctors 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 require closer 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 ODG Code for Automated Approval(CAA), designed to automate claims management decision-making, indicates the number of E&M office visits reflecting the typical number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a flag to payor for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Studies have and are being conducted as to the value of virtual visits compare with inpatient visits; however the value of patient/doctor interventions has not been questioned. Further, ODG does provide guidance for therapeutic office visits not included amount the E&M codes, for example Chiropractic manipulation and Physical/occupation therapy. In this case, the actual psychiatric diagnosis was not specified. Also, the request is for unlimited supportive psychiatric treatment for an unspecified amount of time. Based on the facts in this case and the review of the ODG, the request for ongoing supportive psychiatric treatment is not medically necessary.

ONGOING TREATMENT WITH INTERNIST: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG): Diabetes Chapter: Office visits.

Decision rationale: This case is about a 45 year old female who had developed type 2 diabetes mellitus and hyperlipidemia related to a work injury from 10/26/2009. Based on the ODG regarding office visits, it is recommended as determined to be medically necessary. Evaluation and management(E&M) outpatient visits to the offices of medical doctors 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 require closer 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 ODG Code for Automated Approval(CAA), designed to automate claims management decision-making, indicates the number of E&M office visits reflecting the typical number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payor for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/occupation therapy. In this case, there is a request for unlimited ongoing treatment for an unspecified amount of time. Based on the facts in this case and the review of the ODG, the request for ongoing treatment with internist is not medically necessary.