

Case Number:	CM14-0121556		
Date Assigned:	08/06/2014	Date of Injury:	05/30/2014
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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:

The injured worker is a 45 year old female with date of injury 5/30/2014. Date of the UR decision was 7/21/2014. Mechanism of injury was described as an armed robbery in which the gun was fired twice. Report dated 6/9/2014 listed subjective complaints of anxiety, panic, social isolation, crying and hypervigilance. Objective findings included Beck Depression Inventory score of 12 (minimal) and Beck Anxiety Inventory score of 25 (moderate to severe). The injured worker was given the diagnosis of Post-Traumatic Stress Disorder. The treatment plan per the report included referral for Psychotherapy and Psychiatry. It was indicated that she was prescribed Zoloft by her primary care provider and was also prescribed Xanax which according to the report from 6/9/2014 had not been authorized so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient monthly psychiatric visits x 3 then shifting to every 2 month visits x 3 and quarterly visits thereafter for over maintenance of medications.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM: Chapter 7.

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: The injured worker has been diagnosed with Post Traumatic Stress Disorder secondary to being a victim of an armed robbery while at work. 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. "Report dated 6/9/2014 listed subjective complaints of anxiety, panic, social isolation, crying and hypervigilance. Objective findings included Beck Depression Inventory score of 12 (minimal) and Beck Anxiety Inventory score of 25 (moderate to severe). It was indicated that she was prescribed Zoloft by her primary care provider and was also prescribed Xanax which according to the report from 6/9/2014 had not been authorized so far. The injured worker was authorized for 3 sessions of outpatient medication management per the Utilization Review decision. The request for Outpatient monthly psychiatric visits x 3 then shifting to every 2 month visits x 3 and quarterly visits thereafter for over maintenance of medications is excessive and thus not medically necessary. The injured worker has been prescribed Zoloft which does not require such close monitoring; also Xanax has been prescribed for her which is recommended for short term use only. The request is not medically necessary at this time.