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| Case Number: | CM14-0122021 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 07/17/2007 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/17/2014 |
| 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 Child & Adolescent 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 54 year old female who was injured at work on 7/17/2007. She sustained a repetitive work injury due to sewing hand bar motions leading eventually to tendinitis. She complained of persistent pain in both wrists and hands, as well as her neck and shoulders. She was diagnosed with tenosynovitis and carpal tunnel syndrome. Treatment included a home exercise program, physical therapy, topical and oral analgesics, and acupuncture. She also underwent right shoulder surgery, two right carpal tunnel releases and one left carpal tunnel release surgery. The chronic pain led to the development of symptoms of anxiety and depression. She was diagnosed with Anxiety Disorder Not Otherwise Specified. The most recent psychiatric report dated 3/28/11 documented that patient as having Depression, Anxiety, and Pain Disorder. She had been brief psychiatrically hospitalized due to suicidal ideation, and had been prescribed the medications Effexor, which had been changed to Zoloft, and later changed again to Pristiq, Ativan and Ambien. Mental health treatment included an unspecified number of sessions of cognitive behavioral therapy (CBT). On 5/2/14 she had a psychological evaluation. Her symptoms included frequent sadness, anxiety, crying spells, and feelings of hopelessness and helplessness at times. She denied suicidal and homicidal ideation, and there were no psychotic symptoms. There were no listed psychotropic medications at this time. A request was made for an office/outpatient visit, new.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office/outpatient visit new: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitive behavior Therapy

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

Decision rationale: MTUS is not applicable. The ODG indicate that office visits for medication management in psychiatry can be an important component of an overall comprehensive treatment plan for individuals suffering from chronic pain associated with mental health symptoms of depression and anxiety. The frequency and duration of sessions is determined by the severity of symptoms, whether there has been a referral for testing or for psychotherapy, and missed days of work. In addition, there is a need for medication management in order to assess the clinical progress, address the need for medication adjustments, as well as monitor for any adverse side effects. The injured worker is diagnosed with Anxiety Disorder and Depression. According to the 2014 psychological evaluation noted by the previous UR review, there was no list of any currently prescribed psychotropic medications. The most recent psychiatric report dates from 2011, and at that time the injured worker was prescribed several psychotropic medications. In the absence of clinical evidence of any current psychotropic medications, however, there would be no need for an office visit/outpatient visit for the purpose of psychotropic medication management. The request in general lacks specificity, as it is otherwise not possible to determine precisely the purpose of the requested office visit, if it is not for psychotropic medication management, so it is not medically necessary on that basis.