

Case Number:	CM14-0126057		
Date Assigned:	08/13/2014	Date of Injury:	10/07/2011
Decision Date:	11/03/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/08/2014

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 Interventional Spine 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 29-year-old female with date of injury of 10/07/2011. The listed diagnoses per [REDACTED] from 03/11/2014 are: 1. Confusion. 2. Delusional behavior. 3 Paranoid ideation. 4. Anxiety with panic attacks. 5. Gastroesophageal reflux disease. According to this report, the patient has delusional and paranoid ideations including anxiety with panic attacks. She is in need of some inpatient psychiatric evaluation and treatment. The examination shows the patient's blood pressure is 120/80, pulse is 72, respiration is 18. She is generally well-developed who appears to be depressed and slightly confused. Motor exam shows normal strength, grip, and gait without any tremor. Sensory exam is normal and equal throughout. Deep tendon reflexes are normal and equal throughout. Coordination is normal for finger to nose, Romberg, and tandem gait. The utilization review denied the request on 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management 6 visits 1 x month x 6 month: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The patient presents with delusion, paranoia, anxiety with panic attacks. The treater is requesting medication management six visits one time a month times six months. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines page 405 on follow-up visits under the Chapter 15 on Stress states, "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work."The utilization review denied the request; however, the UR letter is missing to determine the rationale behind the denial. Followup visitations are performed 1 visit at a time with accompanied reports justifying the visits along with treatment recommendations. The treater does not discuss why six visits and why specifically for medication management. However, the patient does present with chronic psychiatric issues and when reading Official Disability Guidelines (ODG) guidelines, long-term management and treatments are supported. The requested six monthly visits appear medically reasonable and appropriate.