

Case Number:	CM14-0139808		
Date Assigned:	09/08/2014	Date of Injury:	05/16/2003
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/28/2014

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:

Injured worker is a 56 year old male with date of injury 5/16/2003. Date of the UR decision was 8/22/2014. Mechanism of injury is unavailable; however the identified injury was Osteoarthritis of left knee. Psychiatrist Report dated 2/2/2014 listed that the injured worker was going through a bad bout of depression that he contributed to the seasonal component of his disorder. He was given the diagnosis of Major depression, moderate, recurrent and Post-Traumatic Stress Disorder. Psychotropic medications being prescribed for the injured worker were Paxil CR 37.5 mg twice daily for depression, Abilify 10 mg for anxiety, sleep and depression, Trazodone 100 mg nightly as needed for sleep, Lorazepam 1 mg nightly at bedtime for anxiety. It has been indicated that the injured worker has undergone individual and group psychotherapy treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC MAINTENANCE ONCE EVERY 2 MONTHS WITH [REDACTED].

[REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

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: 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."The request for Psychiatric maintenance with [REDACTED] (Psychiatrist) once every 2 months for an unspecified number of sessions is excessive and not medically necessary.