

Case Number:	CM14-0153903		
Date Assigned:	09/23/2014	Date of Injury:	11/30/2004
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 licensed in Psychology 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 claimant is a 50 year-old male [REDACTED] with a date of injury of 11/30/04. The claimant sustained injury when he fell from a ladder approximately 20 feet high, landing on his right side and fracturing his right upper arm as well as right shoulder blade. The claimant sustained this injury while working as maintenance for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to his work related orthopedic injuries. In his PR-2 report dated 5/30/14, treating psychiatrist, [REDACTED], diagnosed the claimant with: (1) Major depressive disorder, recurrent; and (2) Pain disorder. The claimant has received psychotropic medications and psychotherapy to treat his psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sessions per calendar year for 2 years: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-405. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines

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 and Stress Chapter

Decision rationale: The CA MTUS does not address follow-up office visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the limited medical records, the claimant had received psychological services from psychologist, [REDACTED]. Those services have subsequently ended. He is also receiving psychotropic medications from treating psychiatrist, [REDACTED]. The request under review is for follow-up psychiatric sessions/visits with [REDACTED]. The ODG states, "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." Utilizing this guideline, a set number of prospective visits cannot be determined and need to be based on individualized assessment each time. As a result, the request for "3 Sessions per calendar year for 2 years" is not medically necessary.