

Case Number:	CM14-0155466		
Date Assigned:	09/25/2014	Date of Injury:	07/26/2008
Decision Date:	10/27/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/23/2014

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 53-year old female with date of injury 7/26/2008. Date of the UR decision was 9/2/2014. She was diagnosed with cervical and lumbar stenosis, lumbar degenerative disc disease and facet arthropathy and depression. The injury occurred while she was lifting a heavy container. She has undergone treatment in form of medications, chiropractic treatment, acupuncture, pain psychology and Epidural Steroid Injections at L5-S1 and cervical region. Report dated 8/15/2014 stated that she was experiencing 9/10 constant neck pain throbbing down to bilateral upper extremities, greater on left side than right associated with burning and numbness and constant low back pain with cramping with bilateral lower extremities. It was recommended for the injured to continue to follow up with the pain psychologist. The report from 8/15/2014 does not list any psychological symptoms being experienced by her or any information regarding psychotropic medications being prescribed for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 follow-up visits with a psychiatrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Mental Illness and Stress Chapter/Office Visits

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. " Report dated 8/15/2014 stated that she was experiencing 9/10 constant neck pain throbbing down to bilateral upper extremities, greater on left side than right associated with burning and numbness and constant low back pain with cramping with bilateral lower extremities. It was recommended for the injured to continue to follow up with the pain psychologist. The report from 8/15/2014 does not list any psychological symptoms being experienced by her or any information regarding psychotropic medications being prescribed for her. The request for 3 follow-up visits with a psychiatrist is not medically necessary based on the review of the submitted documentation.