

Case Number:	CM14-0156399		
Date Assigned:	09/25/2014	Date of Injury:	05/03/2005
Decision Date:	10/27/2014	UR Denial Date:	09/12/2014
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 05/03/2005. Date of the UR decision was 09/12/2014. The injured worker pulled her back while lifting a tub of mail. She is status post L4-L5, L5-S1 anterior interbody fusion. She was diagnosed with Major Depressive Disorder, Single Episode, Severe. Report dated 3/12/14 suggested that she presented with deterioration of her mood, increased pacing, increased frustration, ruminations about her injury and her disability. She was being prescribed Seroquel IR 200mg nightly, Venlafaxine ER 300mg in the mornings, Lorazepam 1mg daily as needed for panic and Adderall 20mg twice daily which continuing to help with her depression. Report dated 6/09/2014 indicated that without access to her Lorazepam, she was more anxious and had been suffering from longer panic attacks. It was indicated that she was unable to function without at least 1 mg of Lorazepam daily. Report dated 9/3/2014 stated that she presented emergently 2 weeks off of her Venlafaxine ER 300mg per day, suffering with worsening depression, restlessness and antidepressant discontinuation symptoms. Her pain was worse and she was suffering from agitation and confusion over what to do next. She had previously improved with respect to her mood disorder on the regimen including Quetiapine (Seroquel), Venlafaxine ER, Lorazepam 1mg, and Adderall 20mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric sessions 4 per year for 2 years (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405,Chronic Pain Treatment Guidelines Page(s): 123.

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." This request for Psychiatric sessions 4 per year for 2 years (8 sessions) is excessive and is not medically necessary. The injured worker has been maintained on medications such as benzodiazepines and stimulants which are generally indicated for short term use as they have high risk for abuse, dependence and tolerance. The request for another 2 years of treatment is not clinically indicated at this time and it is advisable to reassess the need for continued treatment at shorter intervals.