

Case Number:	CM14-0157101		
Date Assigned:	09/30/2014	Date of Injury:	07/30/1998
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/25/2014

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 male with date of injury 7/30/1998. Date of the UR decision was 9/16/2014. Mechanism of injury was described as a slip and fall while performing work duties as an auto mechanic. He has undergone several back surgeries including laminectomy, removal of hardware and installation of an electrical stimulator. Report dated 3/8/2014 stated that the injured worker had been experiencing symptoms of major depression associated with his back injury. It was suggested that his depression waxed and waned in severity, crying spells were reported to have ceased, anhedonic episodes had lessened, his energy level was still reported to be low with lack of drive and motivation. It was reported that he lost 80 lbs in the last year, intermittent panic attacks especially in the morning which were unprovoked. It was indicated that he was exhibiting symptoms of generalized anxiety disorder in form of restlessness, muscle tension, excess worrying, impaired sleep, irritability and inability to concentrate. Injured worker has been diagnosed with Major Depression, single episode; Panic disorder without agoraphobia and Generalized anxiety disorder. He was being prescribed Cymbalta 90 mg daily and Wellbutrin XL 300 mg daily for depression; Mirtazepine 30 mg as use an antidepressant with additional potential benefits for insomnia, anxiety, gastric distress, chronic pain and Nuvigil 75 mg as needed for daytime fatigue and drowsiness which the injured worker reported using only once or twice a month due to side effect of headaches. It was documented that Elavil and Trazodone were discontinued at that visit. He was also being prescribed Flexaril, Colace, Oxycontin, Voltaren, Flector patch, Norco and Promethazine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric visits 40 minutes, one time per month times 6 months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities 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 visits 40 minutes, one time per month times 6 months is excessive and not medically necessary. The documentation suggests that the injured worker has had improvement in severity of the psychiatric symptoms. There is no clinical indication for such frequent visits.