

Case Number:	CM14-0168963		
Date Assigned:	10/17/2014	Date of Injury:	04/29/2009
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 47 year old female with date of injury 4/29/2009. Date of the UR decision was 9/18/2014. Mechanism of injury was identified as a slip and a fall while performing work duties, taking care of an elderly disabled client. Per report dated 9/14/2014, the injured worker presented with follow up on neck pain and low back pain with intermittent upper extremity numbness. She also complained of chronic low back pain radiating down the left leg and numbness of left lateral foot. It was listed that injured worker had not been able to be authorized for routine post op care, pain management or consistent psychiatric medications. It was stated that she it had taken an emotional toll on her and that she had not been able to return to previous level of functioning. Per report dated 9/15/2014, it was stated that she continued to suffer from depression, anxiety and insomnia and that she was authorized for psychotherapy treatment and received at least 4 sessions in 9/2014. It was indicated that she had been prescribed Wellbutrin for depression prescribed by the physician at [REDACTED] health clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Adjunct Psychopharmacological Treatment (Psychotreatment 2 Times a Month X 9 Months and Psychiatric Treatment): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Office Visits, Stress Related Conditions

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities"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 request for Outpatient adjunct psychopharmacological treatment (psycho treatment 2 times a month x 9 months and psychiatric treatment) is excessive and not medically necessary. It is to be noted that the UR physician authorized one session of Psychiatric evaluation but not the twice monthly psych treatment x 9months. The injured worker had received few sessions of psychotherapy in September 2014. Also, the report of Psychiatric evaluation is not available; the need for office visits can be authorized based on the Psychiatric evaluation. The injured worker is not on any psychotropic medications that would need such close monitoring as twice monthly visits for 9 months. The request is excessive and not medically necessary.