

Case Number:	CM14-0024296		
Date Assigned:	06/11/2014	Date of Injury:	07/13/2004
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/26/2014

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:

The patient is a 60 year old male with date of injury 7/13/2004. The date of UR decision was 2/20/2014. According to AME evaluation on 12/14/2012 the patient suffers from cerebral concussion, slight post concussion syndrome, sensory loss and muscle weakness in the arms and legs, hx of stuttering secondary to anxiety, depression, neck and back pain which are all documented as being industrial. The report from 1/17/2013 indicates that the patient has been approved for 4 sessions of biofeedback and 4 sessions of CBT. The diagnosis are pain ds, major depressive ds, single episode, mild per that report. A report from 3/26/2013 indicated that the injured worker is being prescribed Lexapro and Lunesta. It appears that later the patient was approved for 12 biofeedback sessions out of which he has received 8 so far, he has also completed 4 psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management once every 4 weeks #12: 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 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. " The submitted documentation suggests that the patient is being prescribed Lexapro for depression and Lunesta for sleep problems. The request for one medication management session every 4 weeks; total of 12 visits in a year is excessive and thus not medically necessary; since the patient has been on the same medications for over a year and these medications do not require close monitoring unlike some of the other medications such as certain antibiotics, medications as is suggested by the guidelines.