

Case Number:	CM14-0026719		
Date Assigned:	06/13/2014	Date of Injury:	10/07/2011
Decision Date:	07/18/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 29-year-old female who reported an injury on 10/07/2011. The injured worker developed psychological issues after finding a resident after they committed suicide. Within the clinical note dated 01/10/2014, it was reported the injured worker complained of nervousness, anxiety, and irritability. The injured worker continued to be agitated and have flashbacks and nightmares. The injured worker reported feeling a tremendous amount of guilt about the woman who killed herself in front of her while at work. Within the clinical note dated 05/14/2014, it was reported the injured worker complained of not doing very well. She reported she was admitted to a hospital due to acute psychosis. The injured worker reported she developed seizures while in the hospital. The provider noted the injured worker had no thoughts to harm herself or others. The injured worker had no visual or auditory hallucinations. The medication regimen included Klonopin and Cymbalta. The provider requested medication management visits once monthly times 12 months. However, a rationale was not provided for review. The request for authorization was provided and submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT VISITS ONCE MONTHLY X 12 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Office Visits.

Decision rationale: The request for medication management visits once monthly for 12 months is non-certified. The injured worker complained of anxiety, nervousness, and irritability. She reported being agitated and having flashbacks and nightmares. The California MTUS/ACOEM Guidelines state physician followups can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. The Official Disability Guidelines further state office visits are recommended as determined to be medically necessary. Evaluation and management of outpatient visits of medical doctors play a crucial role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for clinical office visits with a healthcare provider is individualized based upon the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgement. The determination is also based on what medications the patient is taking, since some medications such as opioids or medicine such as certain antibiotics, require close monitoring. The provider failed to document a complete and adequate pain assessment. Additionally, the medical necessity of each visit would be determined based on the prior visit. Therefore, the request for medication management visits once monthly times 12 months is non-certified.