

Case Number:	CM14-0031344		
Date Assigned:	06/20/2014	Date of Injury:	04/09/2009
Decision Date:	08/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/12/2014

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 injured worker is a 62 year old female with date of injury 4/9/2009. Date of the UR decision was 2/18/2014. Report dated 6/19/2014 suggested that the psychiatric review of systems was positive for depression, affect was described to be mood congruent, restricted in range and that she looked remarkably tired at that visit. She was prescribed Alprazolam 0.5 mg three times daily and Citalopram 20 mg daily. It was suggested that she has undergone psychotherapy treatment for at least 6 months but there is no available documentation regarding how many sessions she has received so far or any evidence of objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient monthly psychiatric visits: 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: The injured worker is a 62 year old female with date of injury 4/9/2009. Date of the UR decision was 2/18/2014. Report dated 6/19/2014 suggested that the psychiatric

review of systems was positive for depression, affect was described to be mood congruent, restricted in range and that she looked remarkably tired at that visit. She was prescribed Alprazolam 0.5 mg three times daily and Citalopram 20 mg daily. 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. Upon review of the submitted documentation, it is ascertained that injured worker does not need to follow up such frequently i.e. monthly. Also the request does not identify the number of visits requested. The request for outpatient monthly psychiatric visits for an unspecified length of time is not medically necessary.