

Case Number:	CM14-0037909		
Date Assigned:	06/25/2014	Date of Injury:	07/28/2011
Decision Date:	07/31/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada and 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 55 year old male who suffered from depressive disorder, anxiety disorder, and insomnia on 07/28/11. The injured worker was promoted to a management position that required more technical abilities. The injured worker reported that that he did not receive the proper training on how to operate the new system. When the injured worker attempted to operate the system, he started feeling stressed, with symptoms of headache and dizziness. The injured worker presented to his primary treating physician and was given a work restrictions note and trialed on Cymbalta. The injured worker continued to work and began to develop symptoms of headaches, dizziness, tension, nervousness, stomach upset, and trouble focusing. The injured worker rated his psychological condition as 4/10. The injured worker was suffering from stress related aches and pains in his neck, shoulders, upper, lower back, and bilateral feet at 3-6/10 on the visual analog scale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC.

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 and stress chapter, Office visits.

Decision rationale: The previous request was denied on the basis that the injured worker has completed a total of 62 group sessions beginning in 2011 and his treating physician stated that he had made good progress, that he is isolating less, is more efficacious, more hopeful, and can now soothe himself. The treating physician stated that the injured worker continued to suffer from anxiety and depression and was expected to have undergone a final examination by this time, but his diabetes and blood pressure were not stable due to stress. She stated that she now expects the injured worker to continue treatment for a short period before tapering care to a final examination, which she anticipates will definitely be in 2014. The referral to an internist was denied on the basis that the prior history as it relates to the diabetes and blood pressure was not documented. After reviewing the clinical information provided for review, there was no additional significant clinical information provided that would support reversing the previous adverse determination. Given this, the request for office visit, referral to an internist is not indicated as medically necessary.

Referral to an internist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC.

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 and stress chapter, Office visits.

Decision rationale: Given that the requested office visit was not recommended, the concurrent request for referral to an internist is also not indicated as medically necessary.