

Case Number:	CM14-0052702		
Date Assigned:	07/07/2014	Date of Injury:	10/05/2008
Decision Date:	10/01/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/21/2014

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 licensed in Psychology and is licensed to practice in Utah. 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 61-year-old male who has submitted a claim for major depressive disorder, chronic pain, congenital pes planus, and lumbar disc displacement without myelopathy associated with an industrial injury date of 10/5/2008. Medical records from 10/11/13 up to 4/9/2014 were reviewed showing continued worsening of his depressive symptoms and is having more panic attacks. Patient denies any suicidal ideation and hallucinations. He also complains of poor concentration and memory loss. He was noted to have been seeing a psychiatrist. Mental status examination revealed that the patient is cooperative with appropriate mood and affect. He is alert and oriented x 3 with no signs of sedation. Treatment to date has included Fentanyl patch, Ketamine cream, Tramadol-APAP, Ambien, Relafen, Flexeril, Wellbutrin, Gabapentin, Docusate sodium, Arnica tincture, Acupuncture, and ESI. Utilization review from 4/11/2014 denied the request for Psychologists follow up visits x 6. There is no description of previous treatment noted and there are no prior progress notes from psychology identifying the response to previous treatment, functional benefit, current treatment plan, or goals to support the medical necessity of additional follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychologists follow up visits x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the patient has been diagnosed with major depressive disorder. It was noted that he was seeing a psychiatrist for his disorder and currently requesting for additional visits. However, the number of visits he has had, his initial visit date, his progress, or any evidence that he sought treatment with a psychiatrist prior to this request was not made available. Moreover, documentation of modification to the treatment plan was not indicated. Furthermore, goals to support the medical necessity of additional follow-up visits were not stated. Therefore the request for PSYCHOLOGISTS FOLLOW UP VISITS X 6 is not medically necessary.