

Case Number:	CM14-0062337		
Date Assigned:	07/11/2014	Date of Injury:	03/30/2010
Decision Date:	09/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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:

Injured worker is a 50 year old male with date of injury 3/20/2010. Date of the UR decision was 4/15/2014. Request for authorization dated 7/20/2014 listed the diagnosis of severe depression and requested for 10 units of Psychiatric Visits. Report dated 7/15/2014 stated that she had been followed by the treating Psychiatrist for quite a long period of time for his diagnosis of Major Depressive Disorder, Severe. It was indicated that he had benefitted with psychiatric treatment to the point that he was no longer suicidal or homicidal. The treatment plan was for him to continue working full time. He was prescribed Provigil 150 mg. daily for concentration and attention span, Ability 15 mg daily for depression and to prevent suicidal thoughts, Cymbalta 30 mg in the morning and 60 mg at bedtime, and Rozerem 8 mg. at bedtime for insomnia. His prognosis was stated to be good if continued with his psychotropic medications and working full time per the treating Psychiatrist. Authorization was requested for 10 more psychiatric visits and it was suggested that he had not been seen since 2/17/2014. It was noted in the submitted documentation that the injured worker had been going for monthly Psychiatrist appointments without any confirmation of the need of such frequent office visits. The appointments were cut down to every 6 months as he had been stable per the AME completed on 11/14/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychiatric sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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." Report dated 7/15/2014 stated that she had been followed by the treating Psychiatrist for quite a long period of time for his diagnosis of Major Depressive Disorder, Severe. It was indicated that he had benefitted with psychiatric treatment to the point that he was no longer suicidal or homicidal. He was being prescribed Provigil 150 mg daily for concentration and attention span, Ability 15 mg daily for depression and to prevent suicidal thoughts, Cymbalta 30 mg in the morning and 60 mg at bedtime, and Rozerem 8 mg. at bedtime for insomnia. Authorization was requested for 10 more psychiatric visits and it was suggested that he had not been seen since 2/17/2014. It was noted in the submitted documentation that the injured worker had been going for monthly Psychiatrist appointments without any confirmation of the need of such frequent office visits. The appointments were cut down to every 6 months as he had been stable per the AME completed on 11/14/2011. The request for Individual Psychiatric sessions is excessive and not medically necessary at this time.