

<b>Case Number:</b>	CM14-0062489		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/18/2004
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice, and is licensed to practice in Texas and Georgia. 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 68 year-old female who reported an injury on 11/18/2004. The mechanism of injury was not provided. Diagnoses included, major depression, pain D/O; degenerative disc disease of the cervical spine, psychological factors affecting medical condition, hypertension, hypertensive heart disease, morbid obesity, coronary artery disease, history of congestive heart failure, and osteoarthritis. Diagnostic studies included an MRI of the lumbar spine which was performed on 06/19/2009, a nerve conduction study and EMG which was performed on 06/25/2012, a CT scan of the abdomen which was performed on 06/2014, a light speed VCT was performed on 03/07/2014. Surgeries included a left total knee arthroplasty on 07/20/2013, a left laminectomy decompression (date of surgery not indicated), and a cardiac stent. The internal medicine qualified medical re-evaluation dated 07/02/2014, noted the injured worker complained of increased depression, aches and pains all over her body, and headaches. The injured worker reported pain with numbness in the fingers and throughout the left side of her body, knee pain after total knee arthroplasty, and low back pain. The injured worker was hardly able to ambulate with a four-prong walker, there was marked thickening of the left lower extremity with trace edema, and the right leg had less brawny changes with trace edema. The physician noted that the injured worker was no longer able to work due to her back, left lower extremity, and bilateral upper extremity pain. The physician also noted that the injured worker was becoming increasingly more depressed. Psychotropic medications included zoloft 50mg, neurontin 600mg, and ativan 0.5mg. The treatment plan was for psychotropic therapy under the care of a psychiatrist for medication management visits every six weeks for a total of 8 sessions. The request for authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Medication Management Visit every 6 weeks for a total of 8 Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

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

**Decision rationale:** The request for one medication management visit every six weeks for a total of eight sessions is not medically necessary. The injured worker has a history of chronic low back pain, left knee pain, and bilateral upper extremity pain. Subsequently, the injured worker has developed depression and has received psychiatric care for the management of psychotropic medications. The Official Disability Guidelines state evaluation and management outpatient visits to the offices of medical doctors 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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The requesting physician's rationale for the request is not indicated within the provided documentation. The request for 8 medication management visits would not be indicated as the need for each visit would be determined based on the injured worker's condition and treatment plan prior to each additional visit. As such, the request for 1 Medication Management Visit every 6 weeks for a total of 8 Sessions is not medically necessary.