

Case Number:	CM14-0069352		
Date Assigned:	06/23/2014	Date of Injury:	06/10/1998
Decision Date:	07/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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, Neurology, and Addiction Medicine, has a subspecialty in Geriatric 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 records reviewed include 92 pages of medical and administrative records. The injured worker is a 58-year-old female, with the diagnosis of major depressive disorder recurrent. Her date of injury is 06/10/98. She sustained a repetitive motion injury to the left wrist, which was treated with ergonomic chair, acupuncture, chiropractic care, and physical therapy. On 01/09/14, the patient's psychiatrist, [REDACTED], noted that she had been participating in pool exercise for ten (10) years. The patient reported that her mental status was calmer. Her Paxil had been reduced from 20mg to 15mg, and she slept longer nightly. A request for authorization of 04/17/14 shows the patient on Paxil 15mg daily, Trazodone 50mg every night, and zolpidem 10mg as needed, but no progress report (PR-2) was attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC OUTPATIENT ONCE A MONTH FOR TWENTY-FOUR (24) MONTHS (2 YEARS): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The MTUS/ACOEM guidelines indicate that the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work, if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. The patient has been doing pool therapy for ten (10) years, which she has found beneficial. The patient's Paxil has been decreased to 15mg and the patient's mental has been reported as calm. Her condition appears to be stable. No further psychiatric progress records were provided for review beyond that of 01/09/14. As such medical necessity is not met for once per month psychiatric visits and this request is not medically necessary.