

<b>Case Number:</b>	CM14-0081041		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/10/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 52 year old female with date of injury 4/10/2008. Date of the UR decision was 5/19/2014. Mechanism of injury was her great toe being struck. Report dated 2/28/2014 suggested that she had shown some improvement in symptoms and was experiencing less frequent suicidal ideations. It was suggested that she had been admitted to the Emergency Room twice recently prior due to panic attacks. It was indicated that she had been attending once weekly Cognitive Behavior Therapy (CBT) as well as Pain management groups. The injured worker was diagnosed with Chronic Pain Syndrome; Major Depressive Disorder, recurrent, severe; Reflex Sympathetic Dystrophy. Report dated 1/24/2014 indicated that the injured worker suffers from chronic intractable pain with severe complex regional pain syndrome of her right upper extremity. She presented in severe pain with anxiety and paranoia per that report. She was prescribed Suboxone, Flexeril, Elavil, Pepcid, Gabapentin and Effexor per the report from 1/24/2014. Per report dated 3/31/2014 she was continuing to receive CBT sessions weekly. Report dated 3/28/2014 suggested that she complained of increased irritability and depression with the Lamotrigine which was discontinued at that visit. Latuda, Gabapentin, Effexor, Clonazepam, and Suboxone were prescribed. Report dated 5/5/2014 listed diagnosis of Generalized Anxiety Disorder, Major Depressive Disorder, Pain disorder associated with Psychological factors and General Medical condition and Opioid dependence. She was prescribed Latuda 40 mg daily, Lunesta 3 mg at bedtime, Gabapentin, Effexor 150 mg in mornings and 75 mg in evenings, Clonazepam 0.5 mg twice daily and Suboxone 4 mg twice to three times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Psychiatric Treatment (Monthly): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Updated 04/09/14.

**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. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible." The request for 12 Sessions of Psychiatric Treatment (Monthly) is excessive and not medically necessary.