

Case Number:	CM14-0083085		
Date Assigned:	07/21/2014	Date of Injury:	07/17/2005
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/04/2014

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 Child & Adolescent 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 injured worker is a 56 year old male who was injured at work on 7/17/2005. He suffered a fall while performing his work duties. As a result of the fall, he reported experiencing chronic low back pain. Treatment included bed rest, physical therapy, as well as medications to treat muscle spasms and pain. He then underwent two lumbar spinal surgeries, including a second lumbar fusion. Subsequent pain was persisting, with radiation of pain with sciatica to the lower extremities. As of the 2/19/14 progress report by the treating physician, the injured worker complained of symptoms of anxiety, insomnia with frequent waking's, racing thoughts, intrusive worrying, excessive guilt, and anger outbursts. There was a prior report of panic attacks. He was diagnosed with Major Depression, Anxiety Disorder, Sleep Disorder, Pain Disorder and Opioid Dependence. The injured worker returned to work with modified duties from 2006 until 2011. In 2011 he underwent a shoulder replacement surgery also. A psychiatric referral was recommended, due to concerns that the injured worker's anxiety symptoms were not addressed by the medication Xanax. The patient is prescribed the psychotropic medications Cymbalta, Gabapentin and Clonazepam (Klonopin), as well as Norco and Soma for pain and muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One visit at the end of the trial of Psychiatric treatment x 6 visits with [REDACTED]: Upheld

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

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

Decision rationale: The ODG indicate that office visits for medication management in psychiatry can be an important component of an overall comprehensive treatment plan for individuals suffering from chronic pain associated with mental health symptoms of depression and anxiety. The frequency and duration of sessions is determined by the severity of symptoms, whether there has been a referral for testing or for psychotherapy, and missed days of work. In addition, there is a need for medication management in order to assess the clinical progress, address the need for medication adjustments, as well as monitor for any adverse side effects. The injured worker is prescribed the antidepressant medication Cymbalta, as well as Gabapentin and Clonazepam. There is a need for follow-up medication management in order to provide safe quality of care. However, the request for 6 monthly office visits is premature at this stage. It would be appropriate to recommend 3 once a month follow-up appointments, with the frequency of subsequent office visits determined by the objective clinical progress of the injured worker, which might not require once a month sessions, but could be spaced out, for example to once in 2 - 3 months, instead of monthly. It is also not clear what the rationale is for the request for one additional visit at the end of 6 visits. Further, if the request for 6 visits is not medically necessary, therefore the request for one additional visit must also not be medically necessary.