

Case Number:	CM13-0034805		
Date Assigned:	12/11/2013	Date of Injury:	10/26/2010
Decision Date:	04/23/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 41 year old male who sustained an industrial injury on 10/26/2010. He was lifting and moving boxes containing motors that weighed from 10 to 50 pounds. He felt a sharp pain at his low back and fell to his knees. He attempted to stand up but he was unable to due to pain and weakness. At the onset of his low back injury he had a loss of bladder control and difficulty with urinary retention. Treatments to date have included medications, diagnostics, physical therapy (low back pain worsened with physical therapy), MRI, referral to pain management, epidural injections, urology referral and psychology visit. The psychology visit is dated 04/01/2013-04/30/2013, notes the injured worker is very depressed, anxious, and sleeps poorly. He stated the medications helped. The provider notes that based on current assessment of symptoms and first hand evaluations of the injured worker, medication, telephone consults, as well as related psychiatric and social services will be necessary to treat the conditions and symptoms. Medical services would be provided by a board certified psychiatrist. Diagnosis included adjustment disorder with mixed anxiety and depression, insomnia - type sleep disorder due to pain, male erectile disorder due to pain and psychological factors affecting medical condition. The most recent record showing what medication the patient is on is a UR dated 11/19/2013; Androgel, Viagra, Lunesta, Cymbalta, Ambien, Vicodin, Voltaren, and Norflex. A UR of 01/10/2014 certified six medication management visits. No further records were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management: 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, Mental Illness & Stress Chapter, Office Visits.

Decision rationale: There are no recent records showing what medications the patient is being prescribed, or what his current status is. Office visits are essential while a patient is on medications to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency and number of these visits is based on the individual and what medication the patient is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. Therefore, the request is not medically necessary.