

Case Number:	CM14-0101335		
Date Assigned:	07/30/2014	Date of Injury:	04/23/2009
Decision Date:	02/28/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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
Certification(s)/Specialty: Psychologist

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 (IW) is a 47 year-old female [REDACTED] with a date of injury of 4/23/2009. The IW sustained injury to her knee, back, left shoulder, hipe, and ankle when she slipped and fell while working for [REDACTED]. It is also reported that the IW developed psychological symptoms secondary to her work related orthopedic injuries. She has been diagnosed with: Major depressive disorder, single episode, severe, with psychotic features; Adjustment disorder with anxiety; and Pain disorder associated with both psychological factors and a general medical condition. She has received psychotherapy as well as psychiatric medication management services to treat her psychological symptoms. The request under review is for 12 follow-up medication management visits, which were modified to 4 follow-up medication management visits by UR on 5/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Follow-Up Visits for Medication Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non-MTUS 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, sig

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in April 2009. She has also struggled with psychological symptoms related to depression and anxiety. It is reported that she had been receiving both psychological services as well as psychotropic medication management services for some time through 2013. These services were discontinued, which resulted in an exacerbation in symptoms. The injured worker resumed outpatient psychotherapy with treating psychologist, [REDACTED], who recommended that the injured worker resume outpatient psychiatric care as well. Although the injured worker is in need of medication management services, the request for 12 follow-up appointments/sessions appears excessive as it does not offer a reasonable time period for reassessment. The ODG indicates that the need for office visits is individualized and numerous factors play a role as to whether a patient requires a visit. It is important that the injured worker be assessed at each visit to determine whether another visit is necessary. Utilizing the cited guideline, the request for 12 follow-up medication management visits is not medically necessary. It is noted that the injured worker received a modified authorization for 4 follow-up visits in response to this request.

Psychiatrist Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404 (Referral).

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in April 2009. She has also struggled with psychological symptoms related to depression and anxiety. It is reported that she had been receiving both psychological services as well as psychotropic medication management services for some time through 2013. These services were discontinued, which resulted in an exacerbation in symptoms. The injured worker resumed outpatient psychotherapy with treating psychologist, [REDACTED], who recommended that the injured worker resume outpatient psychiatric care as well. Based on the injured worker's symptoms, she is in need of a psychiatric consultation. As a result, the request is medically necessary.