MAXIMUS Federal Services

Case Number:	CM14-0123738		
Date Assigned:	08/08/2014	Date of Injury:	09/18/2006
Decision Date:	01/20/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/05/2014

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 50 year old female with date of injury 9/18/2006. Date of the UR decision was 7/8/2014. She encountered chronic back pain while performing her work duties. She suffers from post laminectomy syndrome. She underwent physical therapy and was being prescribed Oxycodone, Percocet, Prilosec, Motrin and Horizant. Per report dated 6/20/2014, it was suggested that she was prescribed Pristiq as an antidepressant. The injured worker has not been seen by a Psychiatrist yet. It was suggested that she complained of low back pain radiating to both legs; intensity of 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Followup psychiatric visits: 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 ACOEM), 2nd Edition, (2004) Stress-Related conditions, page(s) 398, Official Disability Guidelines (ODG) Mental illness, Office visits, Stress related conditions

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities 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. " Upon review of the submitted documentation, it is suggested that the injured worker suffers from chronic pain and depression. It has been documented that she is being prescribed Pristiq by the treating provider for depression and has not been evaluated by a Psychiatrist. The injured worker is a candidate for an initial Psychiatric Evaluation but the need for follow up visits can be made only per the recommendations of the Psychiatrist. Thus the request for 4 Followup psychiatric visits is excessive and not medically necessary.