

Case Number:	CM14-0195389		
Date Assigned:	12/03/2014	Date of Injury:	06/14/2010
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 Psychiatrist (MD) 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:

This case involves a 48 year old male with date of injury of 6/14/2010. He encountered injury to upper and lower back after he lifted a cast iron sink. Per the report dated 11/17/2014, the injured worker had a high distress level on Symptom Checklist Revised. His anxiety levels were reported to be considerably above average for pain patients. Per report dated 11/6/2014, the injured worker presented with severe back pain (right greater than left), headaches, memory loss, and incontinence. It was reported that he had significant weight gain and a medically supervised weight loss was requested but was denied. Per report dated 10/16/2014, he was diagnosed with Major Depressive Disorder, single episode, moderate; Generalized Anxiety Disorder; and Pain disorder due to both Psychological factors and general medical condition. He reported symptoms of depressed mood, anxiety, panic attacks, increased self-isolation/avoidance, decreased self-care activities and limited functional ability. Utilization decision was dated 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 sessions of medication management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2008), Chronic Pain, Occupational Medicine Practice Guidelines, 2nd Edition, pages 319-320

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: Official Disability Guidelines 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." Injured worker has been diagnosed with Major Depressive Disorder, single episode, moderate; Generalized Anxiety Disorder; and Pain disorder due to both psychological factors and general medical condition. There is no documentation regarding any psychotropic medications being prescribed for him. The request for 3 sessions of medication management consult is excessive. Therefore, this request is not medically necessary.