

<b>Case Number:</b>	CM14-0207667		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/23/2004
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Psychologist (PHD, PSYD) 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 63 year-old female ( ) with a date of injury of 4/23/2004. The injured worker sustained injury to her left arm when the drill bit of the drill press that she was operating became loose and struck her in the left forearm. The injured worker sustained this injury while working for . She has been diagnosed with carpal tunnel syndrome, chronic pain syndrome and RSD. She has been treated with medications, physical therapy, chiropractic, and surgery. It is also reported that the injured worker developed psychological symptoms of depression and anxiety secondary to her work-related injury and pain. She has been diagnosed with: Major depression, single episode, mild-moderate; Adjustment disorder with anxiety; Pain disorder associated with both psychological factors and a general medical condition; and Psychological factors affecting a medical condition. She has been receiving psychotropic medications from treating psychiatrist, Dr. , as well as participating in psychotherapy with Dr. . The request under review is for an additional 24 bimonthly medication management visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 twice monthly visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405, Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**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 and Stress Chapter.

**Decision rationale:** The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in April 2004. She has also experienced psychological symptoms of depression and anxiety and has been treating with psychiatrist, Dr. [REDACTED], and psychologist, Dr. [REDACTED]. Despite receiving psychological/psychiatric services, the injured worker continues to struggle with her symptoms. Dr. [REDACTED] presents appropriate and relevant information to substantiate the need for continued medication management visits. However, the request for an additional 24 visits over 1 year appears excessive and does not offer a reasonable amount of time for reassessment. The ODG recommends that patients are to be closely monitored and "as patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established." As a result, the request for "24 twice monthly visits" is not medically necessary. It is noted that the injured worker received a modified authorization for 6 bimonthly office visits in response to this request.