

Case Number:	CM14-0207831		
Date Assigned:	12/19/2014	Date of Injury:	06/05/2013
Decision Date:	02/24/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	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. 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:

Records reviewed include 301 pages of medical and administrative records. The injured worker is a 40 year old male whose date of injury is 06/05/2013. His diagnosis is depressive disorder NOS. He worked as an elevator mechanic. When working on a wheelchair lift, crawling through an access door in a twisted fashion repetitively for hours, he developed low back pain. He suffers from back and right leg pain. He was treated with steroid injections, anti-inflammatories and pain medications, most recent records show Nucynta and Norco. A psychiatric progress note of 10/30/14 indicated that the patient had ongoing depression since 10/2013 due to pain, loss of work, dealing with his supervisors at work, and feeling retaliated against since filing a claim. He has been off work 11/07/13. since He was given Ambien 10mg for sleep. He had tried Cymbalta for 3-4 days but discontinued due to side effects. He has a history of two panic attacks. There are no further details provided. A psychiatric progress note of 11/25/14 reported early/late insomnia, lack of enjoyment, poor energy, and problems with concentration. He was continued on Ambien 10mg as needed for insomnia. On 12/04/14 his Ambien 10mg was continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management, 6 visits over 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anthem Blue Cross Behavioral Health medical Necessity Criteria

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 & Stress, Office Visits.

Decision rationale: The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a "flag" to payers for possible evaluation, however, payers should not automatically deny payment for these if preauthorization has not been obtained. Note: The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of "virtual visits" compared with inpatient visits; however the value of patient/doctor interventions has not been questioned. Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy. The injured worker's diagnosis is depressive disorder NOS. His psychiatric symptoms are not well described and it is unclear what benefit he was receiving from psychiatric follow up visits. He was tried on only one antidepressant, Cymbalta, which was discontinued after 3-4 days. He is only on Ambien at this time. He does not wish to consider other psychotropic medication. His most recent documented pain medications appear to be Nucynta and Norco; these do not require management by a psychiatrist. The Ambien can be managed by his other physicians as well; it does not require a psychiatrist. There does not appear to be the need for medication management at this time as he is not on psychotropic medications. This request is therefore not medically necessary.