

Case Number:	CM14-0209580		
Date Assigned:	12/22/2014	Date of Injury:	03/31/2009
Decision Date:	03/23/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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, Arizona, Maryland
 Certification(s)/Specialty: 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:

Injured worker is a 46 year old female with date of injury 3/31/2009. Date of the UR decision was 11/24/2014. She suffered injury to her left eye when hose of a container malfunctioned and oil spilled on her eye while performing her work duties as a cook. She underwent left eye surgery 2013. The injured worker developed psychological injury secondary to the eye injury and has been treated with medications including Vistaril 25mg as needed, Trazodone 50mg at bedtime and Brintellix 10 mg daily. She underwent psychotherapy treatment from 07/2014-12/2014 and has completed 12 sessions so far. Per report dated 10/7/2014, she presented with subjective complaints of being withdrawn, lack of sleep, nightmares, erratic appetite, weight gain/loss and morbid thoughts. She was diagnosed with Depressive disorder not otherwise specified. Per report dated 11/13/2014, the injured worker was seen for session of cognitive behavior therapy. She continued to report difficulties in her eye and constant headaches. It was documented that her depression was improving because of the psychotherapy, however there was no evidence of objective functional improvement in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management, monthly x 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): Foundation Chapters. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, page 127; Office Visits

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: 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. "The request for Medication management, monthly x 12 is excessive and not medically necessary. There is no clinical indication of why the injured worker would need 12 sessions authorized at the same time. It is to be noted that the UR physician authorized 4 medication management sessions.