

Case Number:	CM14-0063202		
Date Assigned:	03/09/2015	Date of Injury:	06/03/2008
Decision Date:	04/14/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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:

The injured worker (IW) is a female who sustained an industrial injury on 06/03/2008. She has reported low back pain with pain down the right leg to the ankle. Diagnoses include spinal stenosis lumbar with neurogenic claudication, lumbar/lumbosacral disc degeneration, lumbosacral neuritis not otherwise specified. Treatments to date include a failed spinal cord stimulator and oral pain medications. A progress note from the treating provider dated 03/18/2014 indicates the IW has a stable mood, appears to be in moderate discomfort, has an antalgic and slowed gait and is using a 4 point cane for assistance. On inspection, there are well healed scars to the lumbar spine, moderate tenderness to palpation to the lumbar paraspinal muscles. The lumbar spine of motion is severely limited in flexion, extension, lateral flexion and rotation. She has decreased sensation to touch and slightly decreased strength in the bilateral lower extremities. The treatment plan is to continue her Oxycodone, Norco, Gabapentin and Prilosec, and follow up with the primary treating physician and with her psychiatrist who is prescribing Cymbalta. On 04/07/2014 Utilization Review non-certified a request for Follow up with psychiatrist. The MTUS-ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress
Topic: Office visits.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible" It has been indicated that the injured worker suffers from chronic pain secondary to the industrial trauma and also suffers from psychological consequences secondary to the same. It has been indicated that she has been in psychological treatment and failed a spinal stimulator trial. She is being prescribed Cymbalta for chronic pain as well as depression. The request for Follow up with psychiatrist does not specify the number of sessions being requested for or the goals of the treatment. The request is not medically necessary at this time.