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| Case Number: | CM15-0009158 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 08/22/2009 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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

Certification(s)/Specialty: Psychologist

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 48-year-old female, who sustained an industrial injury on June 22, 2009. She has reported toxic exposure with cognitive impairment. The diagnoses have included depressive disorder, anxiety disorder, obsessional and histrionic personality traits, acute hydrocarbon intoxication rule out carbon monoxide exposure and rule out cognitive deficit. Currently, the IW complains of short-term memory impairment, inability to focus, lack of concentration, emotional distress, and depression. Treatment includes psychiatric visits and oral medication. On December 12, 2014 utilization review non-certified a request for psychiatric visits, 40 minutes each, one a month for the next 6 months, noting lack of documentation of functional improvement. The American College of Occupational and Environmental Medicine (ACOEM) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric visits, 40 minutes each, one a month for the next 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Harris J, Occupational Medicine Practice

Guidelines, 2nd Edition (2004) page 405 and Hegmann K, Occupational Medicine Practice Guidelines, 2nd Ed (2008 Revision) page 1068

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychiatric treatment from [REDACTED] on a monthly basis, primarily for cognitive impairment issues. The injured worker is on several medications for cognitive dysfunction/problems which require ongoing monitoring. The ODG states, "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." Given the injured worker's issues, the medications that she is taking, and the guideline cited, the request for an additional 6 monthly psychiatric visits is both reasonable and medically necessary.