

Case Number:	CM15-0102089		
Date Assigned:	06/04/2015	Date of Injury:	06/07/2011
Decision Date:	07/14/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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, 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 is a 44 year old male, who sustained an industrial injury on 6/07/2011. Diagnoses include lumbar post laminectomy syndrome, cervical spondylosis and multilevel discopathy, and chronic bilateral lower extremity radiculopathy. Treatment to date has included medications, psychotherapy, injections, diagnostics, chiropractic care, physiotherapy, activity modification and work restrictions. Per the Initial Office Visit dated 4/13/2015, the injured worker reported low back pain that is present constantly. The pain radiates to the proximal areas of the spine and down the posterolateral portion of the bilateral lower extremities through to the sole and heel of the foot, worse on the right. He describes pain, numbness and tingling. Physical examination revealed a flattened lumbar lordosis. Cervical spine range of motion was within normal limits. There was spasm and guarding upon palpation at the base of the cervical spine and tenderness in the thoracic spine and spasm and guarding at the base of the lumbar spine. The plan of care included a functional restoration program and authorization was requested for medication management monthly x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management monthly, quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Evaluation and management (E&M).

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" The injured worker has been diagnosed with Major Depressive Disorder, single episode, partial remission; pain disorder due to psychological factors and general medical condition as well as insomnia disorder due to pain and depression. Per progress report dated 4/16/2015, the injured worker presented with less severity of depression, less anxiety, increased energy, less feelings of hopelessness etc. The request for Medication management monthly, quantity: 6 is excessive. Therefore, the request is not medically necessary.