

Case Number:	CM15-0106989		
Date Assigned:	06/11/2015	Date of Injury:	01/12/2006
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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:

This 47 year old man sustained an industrial injury on 1/12/2006. The mechanism of injury is not detailed. Evaluations include lumbar MRI dated 4/22/2008. Diagnoses include low back pain, right thigh numbness, lumbar spinal stenosis, neck pain, cervical spine degenerative disc disease, knee pain, shoulder pain, and chronic pain syndrome. Treatment has included oral medications. Physician notes dated 3/5/2015 show complaints of neck, bilateral shoulder, low back, and bilateral knee pain rated 4/10 with medications and 10/10 without medications. Recommendations include continue psychotherapy, needs a new psychiatrist, continue Lamictal, stop Cymbalta, continue Abilify, stop Temazepam, start Lunesta, possible re-start Seroquel in the future pending results of Lunesta, sleep study, updated lumbar spine MRI, Zofran, Docusate Sodium, Nexium, Famotidine, Misoprostol, test B 12, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 follow up psychiatric visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B, Referral. Decision based on Non-MTUS Citation Official Disability Guidelines. Mental Illness and Stress Chapter, Topic: Office Visits. March 2015 Update.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The ODG addresses this request as office visits and Evaluation and Management (E&M) stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Decision: A request was made for 20 follow-up psychiatric sessions; the request was modified by utilization review to allow for 6 monthly visits is medically necessary. The provided rationale was stated as: "the patient is on multiple psychotropic medications, which require medication management to monitor side effects, check efficacy, and make dosing adjustments. However, the request to 20 sessions it seems excessive. Only 6 monthly visits are medically necessary at this time." This IMR will address a request to overturn this decision with respect to this request for 20 follow-up psychiatric sessions, the medical necessity of this request is not established by the provided documentation. This request is excessive in terms of quantity of sessions requested. Current treatment guidelines recommend that follow-up visits be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Once patients are stabilized on a psychiatric medication regime it is standard practice to allow maintenance sessions to occur at a less frequent basis. Ongoing monitoring of the patient from a psychiatric perspective is appropriate but 20 monthly sessions is the equivalent of nearly a year and a half of treatment. Clearly, the medical necessity would need to be established for this request after a period of time of 3 to 6 months. A treatment plan needs to be provided outlining a course of psychiatric care leading to reduced frequency of follow visits over time as a function of patient stability and progress made in treatment. Because the medical necessity for 20 visits is not established due to excessive quantity and implied treatment duration, the reasonableness of the request is not established and is not medically necessary.