

Case Number:	CM15-0134023		
Date Assigned:	07/22/2015	Date of Injury:	06/07/2011
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of major depressive disorder (MDD), depression, anxiety, and psychological stress reportedly associated with an industrial injury of June 7, 2011. In a Utilization Review report dated June 30, 2015, the claims administrator partially approved a request for six medication management visits as four monthly medication management visits. The claims administrator referenced a June 19, 2015 progress note and an associated RFA form of June 22, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the June 11, 2015 functional restoration program appeal letter was the most recent note on file, suggesting that the June 19, 2015 progress note on which the article in question was proposed was not incorporated into the IMR packet. On an appeal letter dated June 11, 2015, the treating provider appealed the previously denied functional restoration program. On May 29, 2015, the functional restoration program in question was again sought. On May 11, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was seeing both a psychiatrist and a psychologist, it was reported. The applicant was status post earlier failed lumbar laminectomy, it was reported in various sections of the note. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was on Naprosyn, Protonix, and tramadol, it was further noted. In a psychiatric note dated March 6, 2015, the applicant was given refills of Effexor and Seroquel. The attending provider

suggested that the applicant could consider trans-cranial magnetic stimulation (TMS) following a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical management monthly for six months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 89. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 405.

Decision rationale: No, the request for monthly medication management visits for six months was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, an attending provider should base the severity of [mental health] follow-up visits on the severity of an applicant's symptoms. Here, thus, the request for six consecutive monthly management office visits ran counter to MTUS principles and parameters as it did not base the frequency of follow-up visits on the severity of the applicant's symptoms. If, for instance, the applicant responded favorably to the psychotropic medications in question, the applicant could theoretically be seen much less frequently than once monthly. Conversely, if the applicant failed to respond favorably to the psychotropic medications in question and/or became suicidal, the applicant might need to be seen much more frequently than once per month. The request, thus, as written, was at odds with the position set forth on page 405 of the ACOEM Practice Guidelines to base the frequency of follow-up visits on the severity of an applicant's symptoms. Therefore, the request was not medically necessary.