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| Case Number: | CM15-0148660 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 09/24/2001 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 07/08/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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 61 year old female who sustained an industrial injury on 9-24-01. Her initial complaints and the nature of the injury are not available for review. The injured worker has had disc replacements of C4, C5-6, and C7. She has also had hardware removal from C5-6 fusion. She has been followed by pain management specialists and received acupuncture treatment. Reports indicate that she had "excellent" results, which improved her function and decreased the use of narcotic medications. She has had persistent neck pain with right-sided numbness and tingling to her hand. She also complained of pain in her elbows and right shoulder. She has also been treated with "multiple" trigger point injections in the "neck region" and a cortisone injection in the right shoulder. Radiofrequency ablation was suggested, but denied by insurance carriers. She has undergone MRI's of the cervical spine, right shoulder, right elbow, and left elbow. She has had x-rays of the cervical spine, right shoulder, right elbow, left elbow, right wrist, left wrist, right hand, and left hand. Diagnoses include status-post anterior cervical discectomy and fusion C5-6 with artificial disc replacement C4-5 and C6-7, bilateral PN supinator tunnel, lateral epicondylitis, bilateral - status-post extensor slide on the right, PN carpal tunnel syndrome, bilateral - status-post carpal tunnel releases, and rotator cuff tear, non-traumatic, right - status-post repair. The injured worker has been followed by psychiatry for depressive indicators with "the lack of functional independence and lack of house-keeping assistance". She receives Trazadone and Xanax for depression and anxiety. Her primary care provider has documented in June 2015 that the injured worker's emotional state "dramatically worsens when her pain worsens". The July 2015 progress note states that she "is still in need of psychiatric care, given that she is in chronic pain" and "her pain continues to drive her depression".

IMR ISSUES, DECISIONS AND RATIONALES

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

Six monthly visits with a psychiatrist: 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 & Stress Chapter.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving monthly psychotropic medication management services from [REDACTED] for an unknown period of time. The request under review is for an additional 6 monthly visits with [REDACTED]. Although office visits are recommended and viewed as a necessity in the treatment of chronic pain and psychiatric conditions, the injured worker was injured 14 years ago and is in the maintenance phase of treatment. At this point in treatment, visits can typically be transitioned from monthly visits to quarterly visits. Given this rationale, the request for an additional 6 monthly visits appears excessive and therefore, not medically necessary.