

Case Number:	CM15-0187132		
Date Assigned:	09/29/2015	Date of Injury:	07/27/2011
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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 52 year old male, who sustained an industrial injury on 7-27-2011. The injured worker was diagnosed as having major depressive disorder, single episode, unspecified, unspecified cognitive disorder, and psychological factors affecting a general medical condition. Treatment to date has included diagnostics, epidural steroid injections, psychiatric treatment, and medications. Currently (8-13-2015), the injured worker complains of constant neck pain with radiation to the right upper extremity, daily headaches, gastritis and dyspepsia, and severe daytime somnolence. He rated pain 4.5 out of 10 with medication use and 8.5-9 without. Medication included Norco, Gabapentin, and Prilosec. Urine toxicology (8-13-2015) report noted inconsistent results. Physical exam noted no evidence of medication induced somnolence. His current work status was not noted and deferred. A recent psychiatric progress report (8-17-2015) noted complaints of depression, lack of motivation, excessive worry, tension, disturbing memories, suspicion, tension headache, difficulty thinking, feeling on edge, fear that he is being followed, erectile dysfunction, diminished self-esteem, and fear of abdominal pain-cramping. It was documented by the treating physician that he initially presented confused and with depressed facial expressions, visibly anxious and emotionally withdrawn. Functional improvement was documented as "less depressed, fatigued, increased interest in activities, can concentrate better and reported that he can comprehend TV and spending less time in bed". Medications prescribed on 7-13-2015 included Wellbutrin, Buspar, and Seroquel. The treatment plan included follow-up consultation with psychiatrist (to re-establish psychotropic medications as deemed necessary), non-certified by Utilization Review on 9-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consultation with psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 & Stress/ 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, unspecified, unspecified cognitive disorder, and psychological factors affecting a general medical condition. The most recent psychiatric progress report available for review dated 8-17-2015, noted that the injured worker presented with complaints of depression, lack of motivation, excessive worry, tension, disturbing memories, suspicion, tension headache, difficulty thinking, feeling on edge, fear that he is being followed, erectile dysfunction, diminished self-esteem, and fear of abdominal pain-cramping. He has been prescribed psychotropic medications including Wellbutrin, Seroquel and Buspar. The request for Follow-up consultation with psychiatrist is medically necessary for continued treatment of the psychiatric symptoms which are not stable at this time.