

Case Number:	CM15-0188827		
Date Assigned:	09/30/2015	Date of Injury:	07/22/2012
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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 30 year old male, who sustained an industrial injury on 7-22-2012. The injured worker was diagnosed as having posttraumatic stress disorder, depressive disorder, not otherwise specified, postconcussional syndrome, and psychological factors. Treatment to date has included diagnostics, mental health treatment, and medications. Currently (8-26-2015), the injured worker complains of "major psych issues," headache, pain in his cervical, thoracic and lumbar spines, post-concussive syndrome, and anxiety with tremors. A psychological assessment was not documented on 8-26-2015. Per the psychiatric report dated 7-22-2015, the injured worker did not follow instructions to slowly titrate Zoloft and had nausea, which resolved in a few days. He reported that he titrated Prazosin, but he had difficulty assessing effect due to frequent waking secondary to newborn child. He reported feeling 75% back to when he was doing well on prior medication regimen, noting that he was less irritable and his mood was more stable. Other medications included Klonopin, Restoril, Benadryl, and Norco. The treatment plan included medication monitoring with psychiatrist, modified to 1 session of medication monitoring with a psychiatrist by Utilization Review on 9-01-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication monitoring with psychiatrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Mental Illness & Stress, cognitive behavioral therapy (CBT).

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 posttraumatic stress disorder, depressive disorder, not otherwise specified, postconcussional syndrome, and psychological factors and has been prescribed several medications so far including Prazosin, Zoloft, Klonopin, Restoril, Benadryl etc. The request for one session of Medication monitoring with psychiatrist is medically necessary for continued treatment of the psychological concerns.