

<b>Case Number:</b>	CM15-0190947		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 58 year old female, who sustained an industrial injury on 4-7-2010. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for knee and leg pain, back pain, sexual dysfunction, depressive disorder and pain disorder. Medical records dated 3-4-2015 and 9-2-2015 indicate the injured worker complains of knee pain and depression. Physical exam dated 9-2-2015 notes treatment is helping. Treatment to date has included medication, activity alterations and psychotherapy. The original utilization review dated 9-18-2015 indicates the request for psychotherapy 12 sessions is certified and 6 psychiatric consultations for medical management is modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six psychiatric consultation for medical management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Office visits (2015).

**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 suffers from knee and leg pain, back pain, sexual dysfunction, depressive disorder and pain disorder. She has been undergoing treatment in form of psychotherapy as well as psychotropic medications including antidepressant Zoloft. Medications such as Zoloft do not require such close monitoring needing six more office visits. Thus, the request for Six psychiatric consultation for medical management is excessive and not medically necessary. It is to be noted that the UR physician authorized one psychiatric consultation for medical management.