

Case Number:	CM15-0197520		
Date Assigned:	10/13/2015	Date of Injury:	01/09/1991
Decision Date:	11/19/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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 male, who sustained an industrial injury on 1-9-1991. The injured worker is undergoing treatment for: major depressive disorder, chronic pain disorder, neurogenic bladder and bowel, lumbar spine pain. On 7-28-15, he is seen for "treatment resistant depression arising out of severe lumbar spine injury, chronic pain, and resultant disability". There is notation of his mood remaining variable, and reactive to stressors. The provider noted he was more depressed compared to his previous visit, and better than he was a few months prior. He reported Abilify as being helpful. The provider noted there was much apathy, anhedonia, low frustration tolerance, erratic sleep pattern, appetite okay, and concentration variable. Examination indicated there to be nothing new regarding his medical issues. Mental status examination noted his appearance to be normal, ambulating with a walker, behavior appropriate, good eye contact, normal speech, moderate depressed mood, moderate anxiety, normal affect, no thought process disorder, associations logical, no delusions or hallucinations, insight adequate, judgment good, memory grossly intact, concentration and attention good. Psychotherapy noted as given support, expression, cognitive behavioral and empathic listening. He is noted as particularly focused on difficulty obtaining prescriptions and other treatments. The provider indicated he tried helping him avoid paranoid interpretation and modulate his reactions to stressors to avoid irrational conclusions. The treatment and diagnostic testing to date has included: medications, psychotherapy sessions (ongoing for multiple years), and walker. Medications have included: Effexor XR, Wellbutrin XL, Abilify, Amitiza, atorvastatin, carvedilol, furosemide, Lisinopril, potassium chloride, spironolactone, tasulosin, tikosyn, and

Xarelto. Current work status: unclear. The request for authorization is for: office visits once a month, and individual psychiatry visits once a month. The UR dated 9-8-2015: modified certification to office visits once a month x3 months, and individual psychiatry visits once a month x3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visits once a month: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

Decision rationale: Citation Summary: ACOEM Chapter 15, page 405. and ODG Mental Illness and Stress chapter, Topic: Office Visits, August 2015 Update: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, a mid-level practitioner can follow patients with stress-related complaints every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) addresses Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request was made for "Office visits once a month." The request was modified by utilization review to allow for "office visits once a month x3 months." The rationale provided by utilization review for the authorization was stated as: "Given the claimants diagnosis of severe major depressive disorder with continued medication management, monthly individual site visits are appropriate. Recommended partial certification of individual psych visits once a month x 3 months. Authorization for additional treatment will require documentation of continued medical necessity and objective functional progress as a result of treatment. This IMR will address a request to overturn the utilization review modification. Decision: this request for office visits once a month is written in an open-ended and non-specific manner. There is no specific requested quantity of treatment. Therefore the

request is essentially considered at the IMR level to be unlimited and open-ended. All requests for psychological treatment that reached the IMR level need to have a specific quantity of sessions requested or else they are considered to be open-ended and unlimited for which the medical necessity would not be established. In this case because the request is non-specific for quantity, the medical necessity the request is not established and utilization review decision for modification to allow 3 visits 1x a month is upheld. Therefore, the requested treatment is not medically necessary.

Individual psych visits once a month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Decision: this request for Individual psych visits once a month is written in an open-ended and non-specific manner. There is no specific requested quantity of treatment. Therefore the request is considered at the IMR level to be unlimited and open-ended. All requests for psychological treatment that reached the IMR level need to have a specific quantity of sessions requested or else they are considered to be open-ended and unlimited for which the medical necessity would not be established. This request also is for "psych" and it is not clearly stated if this refers to psychiatry or psychology. In this case because the request is non-specific for quantity, the medical necessity the request is not established and utilization review decision for modification to allow 3 visits 1x a month is upheld. Therefore, the requested treatment is not medically necessary.