

Case Number:	CM15-0209387		
Date Assigned:	10/28/2015	Date of Injury:	10/27/2011
Decision Date:	12/08/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old female with a date of industrial injury 10-27-2011. The medical records indicated the injured worker (IW) was treated for major depressive disorder and anxiety. In the progress notes (7-27-15), the IW reported feeling sad, tired, and worried due to her physical condition and ability to engage in her usual activities of daily living or work. She feared her condition and pain would get worse over time. At times, she felt unable to cope with the pain, but this was somewhat improved with group psychotherapy. On examination (7-27-15 notes), she was nervous, tense, sad, apprehensive, and preoccupied with her physical condition. She wore a right arm brace and walked with a cane. Treatments included group psychotherapy, biofeedback, Lexapro, and Vistaril. The IW was temporarily totally disabled. There were no other psychiatric progress notes to review. The provider did not document specific improvements that therapy had provided for the IW. A Request for Authorization was received for one office visit related to the given diagnosis of major depressive disorder (once every 45 days) as an outpatient. The Utilization Review on 10-15-15, non-certified the request for one office visit related to the given diagnosis of major depressive disorder (once every 45 days) as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Office visit related to the given diagnosis of Major Depressive Disorder (once every 45 days) as an outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BMJ Publishing Group, Ltd: London, England; www.clinicalevidence.com; Section: Mental Health: Condition: Generalized Anxiety Disorder, BMJ Publishing Group, Ltd: London, England; www.clinicalevidence.com; Section: Mental Health: Condition: Depression in Adults; drug and other physical treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Psychological treatment. Decision based on Non-MTUS Citation ACOEM Ch 7 Independent Medical Examinations and Consultations pg 503.

Decision rationale: Per the cited CA MTUS guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. The cited ACOEM guidelines further state that an injured worker may be referred to other specialists when the course of care would benefit from additional expertise. Furthermore, psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. In the case of this injured worker, she has a history of major depression and anxiety. Furthermore, the Agreed Medical Examiner report from 9-9-15, stated the injured worker had continued need for psychological treatment, to include cognitive behavioral therapy, relaxation training, and hypnotherapy. It is clear from the minimal treating provider notes available that the injured worker has had persistent need of services. Therefore, the request for one office visit related to the given diagnosis of major depressive disorder (once every 45 days) as an outpatient is medically necessary and appropriate.