

Case Number:	CM15-0020990		
Date Assigned:	02/10/2015	Date of Injury:	10/22/2012
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/03/2015

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 46 year old male, who sustained an industrial injury on 10/22/2012. He has reported low back pain, anxiety, and depression. The diagnoses have included lumbar strain; bilateral L5 spondylolysis; major depressive disorder; and generalized anxiety disorder. Treatment to date has included medications, TENS unit, and home exercise program. Medications have included Tramadol, Norco, and Ibuprofen. Currently, the IW complains of back pain, which radiated into his right leg; pain is rated at 6/10 on the visual analog scale; feels nervous, apprehensive, and depressed; and has had panic attacks approximately twice a week. A progress report from the treating physician, dated 12/22/2014, reported objective findings to include anxiety and depression. The treatment plan included a request for six months of psychopharmacological intervention. On 01/12/2015 Utilization Review modified a prescription for Follow up medication management visits, quantity: 6, to 2 Six medication management visits, as an outpatient for major depression and generalized anxiety. The Official Disability Guidelines were cited. On 01/26/2015, the injured worker submitted an application for IMR for review of Follow up medication management visits, quantity: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up medication management visits, quantity: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Mental Illness & Stress (updated 03/14/2014)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter: Mental Illness & Stress Topic: 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 chronic low back pain, major depressive disorder, generalized anxiety disorder and rule out post traumatic stress disorder. Psychological examination has been reviewed. There is no mention of any medications being prescribed for the injured worker. There is no clinical rationale for the need for 6 medication management visits. The request is excessive and not medically necessary as the injured worker is not taking medications which need to be monitored closely. It is to be noted that the UR physician authorized 2 sessions of medication management instead of 6.