

Case Number:	CM15-0022042		
Date Assigned:	02/11/2015	Date of Injury:	07/30/1999
Decision Date:	03/31/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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 54 year old female, who sustained an industrial injury on July 30, 1999. The diagnoses have included intervertebral disc injury cervical spine, tendinitis bilateral hand/wrist, chondromalacia of patella bilateral, headache, depression, shoulder sprain bilateral, spinal stenosis cervical and lumbar region and C5-C6 fusion May 2012 and HNP lumbar spine L5-S1. Treatment to date has included low back epidural, HNP L5-S1 cervical spine fusion. Currently, the injured worker complains of low back pain and headaches. In a progress note dated December 10, 2014, the treating provider reports limps, decreased range of motion. On January 5, 2015 Utilization Review non-certified a office visit for medication management, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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 healthcare 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 submitted documentation suggests that the injured worker has been receiving psychiatric treatment in form of medications such as Prozac, Wellbutrin and Trazodone. The request for Office visit for medication management is not medically necessary as the injured worker is already receiving treatment and there is no indication regarding why it cannot be continued by the primary treating provider.