

Case Number:	CM15-0028553		
Date Assigned:	02/20/2015	Date of Injury:	06/28/2000
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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 64 year old female who sustained an industrial injury on June 28, 2000. She has reported neck pain and low back pain and has been diagnosed with cervical radiculopathy, status post cervical spinal fusion, chronic pain other, lumbar post laminectomy syndrome, lumbar radiculopathy, ilioinguinal neuralgia, and myoclonic neck spasms. Treatment has included surgery, physical therapy, TENS unit, and pain medications. Currently the injured worker complains of neck pain that radiates down bilateral upper extremities and low back pain that radiates down the bilateral lower extremities. The treatment plan included urine drug testing and follow up. On January 21, 2015 Utilization Review modified monthly psychotropic medication management and approval one session per month for six months plus medication approval per PR-2 citing the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and approval one session per month for six months plus medication approval per PR-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & StressTopic: 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 request does not specify the medications that are being prescribed. The name of medication, strength and quantity needed should be individually requested for approval. There is no clinical need for such close monitoring as once monthly visits. Thus, the request for monthly psychotropic medication management and approval one session per month for six months plus medication approval per PR-2 is excessive and not medically necessary.