

<b>Case Number:</b>	CM15-0029600		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 male who sustained an industrial injury on 11/27/2013. Current diagnoses include low back pain with lumbar radiculopathy status post lumbar fusion, upper to mid back pain and left upper extremity numbness and tingling with possible cervical radiculopathy, and right shoulder pain status post-surgical repair. Previous treatments included medication management, cervical injections, psychotherapy sessions, right shoulder surgery, lumbar fusion, and physical therapy. Report dated 02/06/2015 noted that the injured worker presented with slow improvement following right shoulder surgery, significant pain was noted during physical therapy and the injured worker would like to start taking Oxycontin again. It was further noted that he has continued numbness and pain in the neck and left upper extremity. Medication regimen includes Percocet, Prilosec, Lidoderm patches, Flexeril, Gabapentin, Advil, Wellbutrin, and Xanax. Physical examination was positive for abnormal findings. Utilization review performed on 02/06/2015 non-certified a prescription for psychiatric visits, 12 sessions, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS ACOEM in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 psychiatric visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Hegmann K, Occupational Medicine Practice Guidelines page 1068.

**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 & 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". Per progress report dated 1/15/2015, the injured worker has been experiencing symptoms indicative of psychological distress secondary to the industrial injury and has been prescribed Wellbutrin and Xanax. Xanax is not indicated for long term use per the guidelines and medications such as Wellbutrin do not require such close monitoring needing 12 office visits. The request for 12 psychiatric visits is excessive and not medically necessary.