

<b>Case Number:</b>	CM15-0221467		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	03/21/2009
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New Jersey

Certification(s)/Specialty: 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:

The injured worker is a 43 year old male who sustained an industrial injury on 03-21-2009. Medical records indicated the worker was treated trauma to his psyche. In the provider notes of 09-29-2015, the worker is seen for anxiety and difficulty being around people. His goals are management of the depression and anxiety symptoms, stable mood, and PTSD-managed. On exam, the worker has appropriate behavior and appearance, normal speech, a stressed mood with a constricted but congruent affect. His thought processes are linear with no suicidal or homicidal ideation. He has no auditory or visual hallucinations, no delusions, and is oriented to person, place, time and situation. Memory is within normal limits for age. Insight and judgment are fair. The worker received therapeutic interventions of discussion of current stressors and healthy coping and empathic validation. He also was given refills on his medications: Trazodone (02-13-2014), Clonidine (02-13-2014), Abilify (02-13-2014), and Effexor (05-13-2015). A request for authorization was submitted for: 1. Psych treatment E+M visits (per year) #7. 2. Psychotherapy 30 minutes every 4-8 weeks (sessions per year) #7. 3. Office visit follow-up. 4. Trazdone 100mg #180 with 2 refills. 5. Clonidine .1mg #180 with 2 refills. 6. Abilify 10mg #90 with 2 refills. 7. Abilify 10mg #90 with 2 refills. A utilization review decision 10-28-2015 approved: Psych treatment E+M visits (per year) #7; Psychotherapy 30 minutes every 4- 8 weeks (sessions per year) #7; Trazdone 100mg #180 with 2 refills; Clonidine .1mg #180 with 2 refills; Abilify 10mg #90 with 2 refills; Abilify 10mg #90 with 2 refills and non-approved : Office visit follow-up

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Office visit follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress section, Office visits.

**Decision rationale:** The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this reviewer, a request for psychotherapy was approved which would imply multiple office visits also approved, making this request for a separate office visit follow-up redundant and medically unnecessary.