

Case Number:	CM15-0035319		
Date Assigned:	03/03/2015	Date of Injury:	06/07/2011
Decision Date:	04/16/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old male, who sustained a work/ industrial injury on 6/7/11. Mechanism of injury was not documented. He has reported symptoms of back pain with weakness and tingling numbness down both legs with associated depression, anxiety, and psychotic features. Prior medical history includes lower back surgery. The diagnoses have included major depressive disorder single episode, severe with psychotic features, pain disorder associated with psychological factors, insomnia, and chronic pain due to displaced lumbar and cervical disc with myelopathy. Treatments to date included surgery, medication, psychotherapy, acupuncture, physical therapy, and chiropractic care. Medications included Seroquel for hallucinations and insomnia, Effexor for depression and anxiety along with Naproxen, Omeprazole, Docuprene, Tramadol, and Gabapentin. The treating physician's report (PR-2) from 7/29/14 indicated the injured worker felt better and was sleeping better. The symptoms had decreased in intensity that included depressed mood, anhedonia, poor concentration, worthlessness, irritability, hopelessness, helplessness, and anxiety. Auditory hallucinations were denied since the last visit. Meds were tolerated. Exam demonstrated depressed and anxious mood, constricted affect, decreased fluidity, impaired insight, and fair judgment. Cognitive behavioral therapy was recommended. On 1/23/15, symptoms were stable. On 1/30/15, Utilization Review modified Med Management three visits over the next three months (6 visits to Med Management one visit over the next three months, citing the California Medical treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Management three visits over the next three months (6 visits): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92 and 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office visits ACOEM Chapter 7, page 127.

Decision rationale: Regarding the request for a follow-up visit, California MTUS does not specifically address the issue. ODG cites that "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. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. 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 the health care system through self care as soon as clinically feasible." Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. The patient continues with significant mood disorder and requires follow-up care. However, while a few office visits are appropriate, as with any form of medical treatment, there is a need for routine reevaluation and the need for 6 consecutive office visits cannot be predicted with a high degree of certainty. Unfortunately, there is no provision for modification of the request to allow for an appropriate amount of office visits at this time. In light of the above issues, the currently requested 6 follow-up visits are not medically necessary.