

Case Number:	CM15-0036850		
Date Assigned:	03/05/2015	Date of Injury:	08/04/2005
Decision Date:	04/15/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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 46 year old male, who sustained an industrial injury on 08/04/2005. The diagnoses have included chronic low back pain and major depression. Noted treatments to date have included surgery, epidural steroid injection, psychotherapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/26/2015, the injured worker presented with complaints of feeling depressed. The treating physician reported requesting ten sessions to treat the injured worker for major depression. Utilization Review determination on 02/17/2015 non-certified the request for 10 Sessions of Psychiatric Treatment citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of psychiatric treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute , LLC; Corpus Christi, TX; www.odg-twc.com; Section : Mental Illness and Stress (updated 11/21/2014).

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." The documentation suggests that the injured worker suffers from depressive symptoms secondary to chronic pain and has been in treatment with Zoloft. The request for 10 sessions of psychiatric treatment is excessive and not medically necessary as the injured worker is not on any medications that would require such close monitoring. It is to be noted that the UR physician authorized 5 visits instead of 10.