MAXIMUS Federal Services

Case Number:	CM15-0047391		
Date Assigned:	03/19/2015	Date of Injury:	12/18/2003
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 40 year old female whose date of injury is 12/18/2003. She was diagnosed with bilateral lumbar strain, left greater than right, left and right knee strain, weight gain due to inactivity from chronic pain and depression. Treatment to date has included medication. A progress report of 02/03/2015 shows that she complained of low back pain with radiation to the hips, left greater than right, and bilateral knee and right ankle pain. She complained of stress and gastrointestinal upset due to pain medications. Physical exam revealed the injured worker's mood and affect to be mildly depressed. Palpation of the lumbar spine showed slight to moderate spasm as well as tenderness, left greater than right. There was tenderness of the hips bilaterally. Left knee exam showed mild swelling and tenderness. She is on Effexor 75mg one to two daily. It was recommended that the IW remain on this as Effexor is "good for her at present." A progress note of 03/03/2015 shows no change from these findings. Other medications include Opana, Lidoderm patches, Voltaren gel, Naprosyn, and Prilosec. The treatment recommendations to continue treatment with the psychiatrist for psychiatric medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Psychiatrist QTY 2: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding follow up visit with psychiatrist. Official Disability Guidelines Mental Illness & Stress Office Visits.

Decision rationale: This injured worker is on multiple medications including the antidepressant Effexor 75mg, with the directions of one to two daily. This is a highly unusual way of writing the directions for taking an antidepressant and it would be prudent to re-evaluate this. There is no psychiatric diagnosis in records provided for review. Office visits are essential while a patient is on medications to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency and number of these visits is based on the individual and what medication the patient is prescribed as some require closer monitoring than others, what the patient's current condition is, etc. A set number or frequency of office visits cannot be predetermined. It would be reasonable to request one visit to evaluate the patient's clinical status and medication regimen, however that is not the case here. This request is therefore not medically necessary.