

Case Number:	CM15-0052999		
Date Assigned:	03/26/2015	Date of Injury:	09/01/2009
Decision Date:	05/04/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/20/2015

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:

This 62 year old female sustained an industrial injury on 9/1/09. She subsequently reported back, bilateral shoulder, bilateral knee and abdominal pain. Diagnostic testing has included x-rays and MRIs. Diagnoses include cervical degenerative disc disease, lumbar degenerative disc disease and gastritis. Treatments to date have included surgeries, injections, TENS therapy, physical therapy, psychiatric and pain medications. The injured worker continues to experience chronic pain and psychological conditions. A request for Eight (8) monthly sessions psychiatric consult with meds was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) monthly sessions psychiatric consult with meds: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

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 injured worker suffers from chronic pain and developed major depressive disorder and anxiety disorder secondary to the same. It has been indicated that the injured worker has been getting psychiatric treatment since 2011. The request for Eight (8) monthly sessions psychiatric consult with meds is excessive and not medically necessary. It is to be noted that the UR physician authorized one psychiatric consultation. The request also does not specify the names, doses or quantity of the medications being requested. Therefore, the request is not medically necessary.