

<b>Case Number:</b>	CM15-0056191		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/24/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 64-year-old female whose date of injury is 10/24/2001 related to cumulative trauma. Diagnoses include chronic pain syndrome, chronic insomnia, depression NOS, neuralgia, bilateral ankle pain, and plantar fasciitis. Treatments to date have included oral medications, psychological treatment, and electrodiagnostic studies. On 11/11/14 the patient reported feeling anxiety and depression due inability to consistently obtain medications. She had completed a course of psychotherapy. The initial psychiatry evaluation of 02/17/2015 indicates that she complained of bilateral lower leg, ankle, and foot pain. Pain was rated 9-10/10. She reported depression related to chronic pain, nervousness, mood swings, and sleep disturbances due to pain. Medications included Celexa 40mg per day, Neurontin for neuropathic pain, ibuprofen 800mg TID, and Sonata for insomnia. Return to work with restrictions was noted. UR of 03/13/15 modified this request to one psychiatric consultation and one follow-up visit for medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatrist consultation and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7-Independent Medical Examinations and Consultations, Page 127, 156, Official Disability Guidelines (ODG), Pain Chapter, Office Visits.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychiatric evaluations. ACOEM Stress related conditions, Chapt 15 pg 398 Per ACOEM, Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other nonpsychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than six to eight weeks. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy.

**Decision rationale:** The patient's diagnosis is depression NOS. She had completed a course of psychotherapy on 11/11/14. She is on Celexa 40mg and continues to report depression and sleep disturbance. UR of 03/13/15 modified this request to one psychiatrist consultation. There were no records provided to indicate that this has been provided. This request is therefore not medically necessary.

**Psychiatric follow-up visits for medication management:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychiatric follow up visits for medication management Official Disability Guidelines Mental Illness & Stress Office Visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they 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. 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. 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 the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the

typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient.

**Decision rationale:** The patient's diagnosis is depression NOS. She had completed a course of psychotherapy on 11/11/14. She is on Celexa 40mg and continues to report depression and sleep disturbance. Follow up appointment for medication efficacy and the presence of side effects is medically necessary. UR of 03/13/15 certified this request. There were no records provided to indicate that this service has been provided. This request is therefore not medically necessary.