

Case Number:	CM15-0058168		
Date Assigned:	04/02/2015	Date of Injury:	01/12/1999
Decision Date:	05/07/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/26/2015

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 52-year-old male who sustained an industrial injury on 01/12/99. Initial complaints and diagnoses are not available. Treatments to date include medications, radio-frequency ablation of the L4-S1 facet joints, radiofrequency neurotomy at L3-5, caudal epidurals, knee arthroscopy, and Functional Restoration Program. Diagnostic studies are not addressed. Current complaints include low back and leg pain. In a progress note dated 03/16/15 the treating provider reports the plan of care as medications including Lunesta, Cymbalta, Norco, Provigil, Voltaren gel, and a new psych mood stabilizer, continued psychiatry, physical activity and physical therapy from Functional Restoration program. The requested treatment is additional psychiatric sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional psychiatric sessions for depression due to lumbar spine injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/Low Back; Table 2, Summary of Recommendations, Low Back Disorders>.

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 healthcare 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." Injured worker has been diagnosed with Major Depressive Disorder and Post Traumatic Stress Disorder and has been prescribed Lunesta, Cymbalta and Provigil. The request for ongoing office visits is clinically indicated for the treatment of psychiatric/psychological injury secondary to chronic pain. Thus, the request for 6 additional psychiatric sessions for depression due to lumbar spine injury is medically necessary.