

Case Number:	CM15-0081194		
Date Assigned:	05/29/2015	Date of Injury:	05/17/2012
Decision Date:	07/07/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/28/2015

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 34 year old male who sustained an industrial injury on 05/17/12. Initial complaints and diagnoses are not addressed. Treatments to date include physical therapy, medications, Repetitive Transcranial Magnetic Stimulation, cognitive behavioral therapy, and individual psychotherapy. Diagnostic studies are not addressed. Current complaints include increased pain after starting physical therapy. Current diagnoses include major depressive episode, insomnia, chronic pain, and relational tension with his wife. In a progress note dated 04/03/15 the treating provider reports the plan of care as continued cognitive behavioral therapy, psychopharmacological management, and medication including Effexor, and trazadone. The requested treatments include 6 monthly medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Monthly Medical Management Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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 major depressive episode, insomnia, chronic pain, and relational tension with his wife and is being treated with cognitive behavioral therapy, psychopharmacological management including Effexor and Trazodone. These medications do not require such close monitoring. The request for 6 Monthly Medical Management Sessions is excessive and not medically necessary. It is to be noted that the UR physician authorized 3 sessions of medication management.