

<b>Case Number:</b>	CM15-0081412		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Psychologist

### 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 46-year-old woman sustained an industrial injury on 6/12/2009. The mechanism of injury is not detailed. Diagnoses include major depressive illness, injuries to the right shoulder, cervical and lumbar spine, and chronic pain. Treatment has included oral medications, chiropractic care, shoulder injections, psychological treatment, and surgical intervention. Physician notes dated 2/27/2015 show complaints of back pain. Recommendations include medications management and psychotherapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four E&M follow-up sessions over four months:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits.

**Decision rationale:** The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, a mid-level practitioner can follow patients with stress-related complaints every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) also addresses Office Visits, Evaluation and Management (E&M) stating, "they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment." A request was made for four (4) E & M follow-up sessions over four months. The request was partially certified to allow for two (2) of the requested follow-up sessions over a 2 month time period. The utilization review rationale for its decision was stated that the treating psychiatrist is recommending a more aggressive cycle pharmacotherapy approach including antipsychotic augmentation strategies. In addition, the billing code CPT 99215 is also in contention with a notation that the general visit of 99214 is more appropriate rather than the more extensive high complexity medical decision-making CPT code being requested. This IMR is a request to overturn the utilization review decision and certify the remaining 2 sessions that were not approved. According to an initial treating physician's evaluation (psychiatry) and request for authorization to treat from February 27, 2015 by [REDACTED], The patient is Diagnosed with Major Depressive Illness, single episode, moderate with passive suicidal ideation and multiple symptoms of depression. She has been prescribed Prozac 20 mg daily and Xanax 0.5 mg that she takes infrequently. It is noted that she has not had adequate response after over a year of treatment with this medication and alternative antidepressant medicines should be considered including Cymbalta 30 mg daily with a possible titration upwardly contingent upon clinical responsiveness. At this juncture it appears from the provided medical records that the patient is establishing a new/recent course of psychiatric treatment under a new psychiatric provider. It is been observed that the patient's current psychotropic medication regime has resulted in insufficient response to her depression as evidenced by continued tearfulness and suicidal ideation (passive without intention or plan). Although the patient is already many years past the date of her injury it appears that a brief period of intensive treatment to stabilize her on new psychiatric medication is appropriate, and although to sessions were authorized by utilization review the request for 4 sessions does not appear excessive and does appear consistent with current ACOEM/MTUS guidelines. With regards to the issue of CPT codes, It should be noted that if any future requests for psychiatric follow-up sessions are medically necessary, that it would be unlikely that the extended complex CPT code would be needed after this initial period of assessment and that standard psychiatric follow-up sessions should be sufficient for ongoing monitoring and stabilization. Because the medical necessity and appropriateness of the request to allow for 4 follow-up psychiatric E&M session is established the utilization review decision is overturned.