

Case Number:	CM14-0105667		
Date Assigned:	09/16/2014	Date of Injury:	09/29/2011
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who has submitted a claim for Bipolar I disorder, single manic episode, severe, without mention of psychotic behavior and Bipolar I disorder, single manic episode, severe, without mention of psychotic behavior associated with an industrial injury date of September 29, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of pain involving multiple body parts. Recent progress notes do not contain a mental status examination. Treatment to date has included psychotherapy and medications. Utilization review from July 7, 2014 denied the request for Additional Med Management x 6 visits because the documentation provided does not indicate any psychiatric need.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Med Management x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, the request is for an additional 6 visits of med management for the patient's psychiatric disorder. However, the present mental status of the patient is unknown as the recent progress notes do not report it. Furthermore, there is no discussion as to why 6 visits should be certified at this time. Therefore, the request for Additional Med Management x 6 visits is not medically necessary.