

Case Number:	CM14-0111703		
Date Assigned:	08/01/2014	Date of Injury:	03/12/2009
Decision Date:	09/29/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 Psychiatry 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 injured worker is a 46 year old male with date of injury 3/12/2009. The date of the UR decision was 6/19/2014. A report dated 3/12/2014 stated that the injured worker was continuing to experience daily constant pain in back, hip leg, had gait impairment, left leg numbness and weakness. The psychotropic medications being prescribed were Klonopin, Abilify, Viibryd and Lunesta. A report dated 4/9/2014 suggested that he had been experiencing more back pain during valsalva maneuver. Report dated 5/14/2014 indicated that he had been experiencing pain and depression, was feeling scared and was taking Lunesta, Fetizma, Ativan and Abilify for diagnosis of major depressive disorder secondary to general medical condition and anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 6 visits once a month for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment of worker's Compensation , Online Edition, Mental Illness & Stress Chapter, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visitsStress related conditions.

Decision rationale: The injured worker is a 46 year old male diagnosed with major depressive disorder secondary to general medical condition and anxiety disorder secondary to the industrial trauma. A report dated 5/14/2014 indicated that he had been experiencing pain and depression, was feeling scared and was taking Lunesta, Fetizma, Ativan and Abilify. ODG states "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." In this case, there is no rationale for such frequent, i.e. once monthly, follow up visits when the injured worker has been prescribed Lunesta, Fetizma, Ativan and Abilify. Lunesta and Ativan are indicated only for short term use per the guidelines, and there has been no documented plan for taper. Thus, there is no indication, for which once monthly medication management visits would be medically necessary. Therefore, the request for Medication management 6 visits once a month for 6 months is excessive and not medically necessary.