

Case Number:	CM14-0116171		
Date Assigned:	09/23/2014	Date of Injury:	05/26/1996
Decision Date:	11/12/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/23/2014

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:

Injured worker is a 49 year old male with date of injury 5/26/1996. Date of the UR decision was 7/3/2014. He is status post lumbar fusion L5-S1 with low back pain and has multi-level lumbar discopathy. Report dated 4/8/2014 suggested that the injured workers mood was stable, and he was benefitting from medications and had stable mood and good sleep. He was diagnosed with Major Depressive Disorder, single episode, non-psychotic, severe and Psychological factors affecting medical condition. He was continued on Wellbutrin SR 150 mg twice daily, Venlafaxine 150 mg daily, Ambien 10 mg at bedtime as needed, Klonopin 0.5 mg as needed and Viagra 50 mg. He scored 43 on Beck Depression Inventory indicating severe depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Medication Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment worker's Compensation Mental Illness and Stress Procedure

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 visits, Stress related conditions

Decision rationale: 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." The request for 8 Medication Management is excessive and not medically necessary. He has been diagnosed with Major Depressive Disorder, single episode, non-psychotic, severe and Psychological factors affecting medical condition. He was continued on Wellbutrin SR 150 mg twice daily, Venlafaxine 150 mg daily, Ambien 10 mg at bedtime as needed, Klonopin 0.5 mg as needed and Viagra 50 mg. However, the most recent Psychiatrist progress report suggests that he has been stable with the current treatment. The request for 8 medication management visits is not medically necessary.

Beck Depression Inventory each visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Worker's Compensation Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress-Psychological Evaluations

Decision rationale: The injured worker has been diagnosed with Major Depressive Disorder, single episode, non-psychotic, severe and Psychological factors affecting medical condition. The most recent Psychiatrist progress report suggests that he has been stable with the current treatment. As the injured worker's condition is stable at this time, the request for Beck Depression Inventory each visit is not medically necessary.

Beck Anxiety Inventory each visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation Mental Illness and Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations

Decision rationale: The injured worker has been diagnosed with Major Depressive Disorder, single episode, non-psychotic, severe and Psychological factors affecting medical condition. The most recent Psychiatrist progress report suggests that he has been stable with the current treatment. Since there is no indication as to why this testing needs to be performed at each visit even though the injured worker's condition is stable currently; the request for Beck Anxiety Inventory each visit is not medically necessary.