

<b>Case Number:</b>	CM14-0120531		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/26/2013
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 claimant is a 55 year-old female [REDACTED] with a date of injury of 9/26/13. The claimant sustained injury to her back and neck when she slipped and fell while walking into the walk-in freezer. The claimant sustained this injury while working for [REDACTED]. In his "Initial Pain Medicine Evaluation" dated 5/14/14, [REDACTED] diagnosed the claimant with: (1) Chronic pain other; (2) Cervical disc degeneration; (3) Cervical radiculopathy; (4) Cervical spinal stenosis; (5) Lumbar disc degeneration; (6) Lumbar disc displacement; (7) Lumbar radiculopathy; and (8) Lumbar spinal stenosis. Additionally, in his PR-2 report dated 5/16/14, [REDACTED] diagnosed the claimant with: (1) Cervical strain with herniated disc; (2) Lumbar strain with herniated disc; (3) Depression; and (4) Stomach complaints. The claimant has been treated with medications, physical therapy, and acupuncture. It is also reported that the claimant has developed psychiatric symptoms secondary to her orthopedic injuries. In his "Psychological Consultation Report" dated 6/18/14, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Female hypoactive sexual desire disorder due to chronic pain; (4) Sleep disorder due to chronic pain, insomnia type; and (5) Stress-related physiological response affecting general medical condition, gastrointestinal disturbances, headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up Office Visits for 6-8 Months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Mental Illness and 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 and Stress Chapter Office visits

**Decision rationale:** The CA MTUS does not address follow-up office visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant continues to struggle with chronic pain in addition to psychiatric symptoms involving depression and anxiety. In his "Psychological Consultation Report" dated 6/18/14, [REDACTED] recommended follow-up psychological/psychiatric services that included 6 sessions of CBT psychotherapy, weekly relaxation training and hypnotherapy, a psychiatric consultation, and 6-8 months of psychiatric follow-up. The request under review is for the 6-8 months of psychiatric follow-up visits. The ODG indicates that follow-up visits are recommended. It states, "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." Despite the recommendation, the claimant has yet to complete an initial psychiatric evaluation that will provide more specific treatment recommendations and identify a medication treatment plan. Without having completed a psychiatric evaluation, the request for "Follow-up Office Visits for 6-8 Months" is premature and not medically necessary.