MAXIMUS Federal Services

Case Number:	CM14-0143070		
Date Assigned:	09/10/2014	Date of Injury:	09/11/2002
Decision Date:	11/18/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/04/2014

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 63 year old female with date of injury9/11/2002. Date of the UR decision was 8/15/2014. Mechanism of injury was described as a fall on asphalt grounds backwards hitting the back of his head against the wooden door and hitting his whole back. Per report dated 3/26/2014, she complained of depressive mood, nervousness, sleep disorder due to pain and was experiencing difficulty finding a difficult position in bed. Report dated 7/3/2014 suggested that injured worker presented with ongoing complaints of headache, neck pain, low back pain and limb pain with subjective weakness. It was indicated that his depression had improved. He was being prescribed Zoloft, Vicodin, Lyrica, Metformin, Lisinopril, Ritalin, Zolpidem and Excedrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Consultation With Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAINPSYCHOLOGICAL EVALUATIONS Page(s): 100-101.

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. " Per report dated 3/26/2014, she complained of depressive mood, nervousness, sleep disorder due to pain and was experiencing difficulty finding a difficult position in bed. The injured worker suffers from psychological issues related to the orthopedic injury. The request for follow up consultation with Psychiatrist does not indicate as to the frequency of sessions being requested, the goal of the treatment etc. Based on the lack of this information, the request is not medically necessary.