

Case Number:	CM14-0163784		
Date Assigned:	10/08/2014	Date of Injury:	09/24/2011
Decision Date:	11/07/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/06/2014

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 42 year old female with Date of Injury 9/24/2011. Date of the UR decision was 09/08/2014. Report dated 8/12/2014 stated that she was experiencing depression almost daily which lasted from two hours to four days. She reported having had suicidal thoughts a year ago. She stated that she experienced anxiety two days a week or less. The anxiety lasted from 30 minutes to all day and she rated her level of anxiety as ranging from a four to an eight. She also reported experiencing difficulty staying asleep, stated that she could sleep four to five hours per night if she took Ambien. Medications being prescribed for her were Ambien (10 mg) for sleep since 2013. She was also prescribed Hydrocodone/Acetaminophen (325 mg) since 2012. She was also using a topical cream for pain relief containing the following medications: Tramadol, Ketoprofen, Baclofen, Cyclobenzaprine, and Lidocaine. It was suggested that she was being prescribed Wellbutrin by another physician. She scored 16 on Beck Depression Inventory indicating Mild to Moderate depression; 24 on Beck Anxiety Inventory indicating Moderate to Severe anxiety. She was diagnosed with Depressive Disorder Not Otherwise Specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consultation times 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

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." Psychotropic medications being prescribed for her was Ambien (10 mg) for sleep since 2013. It was suggested that she was being prescribed Wellbutrin by another physician. She scored 16 on Beck Depression Inventory indicating Mild to Moderate depression; 24 on Beck Anxiety Inventory indicating Moderate to Severe anxiety. She was diagnosed with Depressive Disorder Not Otherwise Specified. The injured worker is not prescribed medications that would require close monitoring or such frequent follow ups. Ambien is not recommended for long term use per the guidelines. The request for Psychiatric Consultation times 6 visits are excessive and not medically necessary.