

Case Number:	CM14-0166585		
Date Assigned:	10/13/2014	Date of Injury:	10/05/2008
Decision Date:	11/14/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 female with date of injury 10/5/2008. Date of the UR decision was 9/22/2014. She encountered injury to right wrist and right upper extremity while trying to re-file a heavy file at work. She has undergone physical therapy, electro therapy, medication treatment. Report dated 9/8/2014 indicated that the injured worker had to stop taking psychiatric medications because of pancreatitis and were being slowly re-initiated with close monitoring. She was diagnosed with Major depressive disorder, single episode, in partial remission; Anxiety disorder unspecified and Somatic Symptom disorder with predominant pain; moderately severe; persistent. She was being prescribed Gabapentin, Lunesta. It was documented that the discontinued medications included Zolpidem, Zolpidem ER, Clonazepam, Diazepam, Alprazolam, Saphris, Mirtazepine, Cymbalta, Paxil, Buspirone, and Tylenol with codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychiatric visits 40 minutes once monthly for the next 6 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

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 and 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 Outpatient psychiatric visits 40 minutes once monthly for the next 6 months is excessive and not medically necessary. The injured worker has been continued on sleep medications, benzodiazepines, etc., which are not recommended for long term use. It is to be noted that the injured worker was authorized for 3 visits instead of 6 by the UR physician.