

Case Number:	CM14-0093799		
Date Assigned:	09/12/2014	Date of Injury:	06/16/2012
Decision Date:	10/10/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/20/2014

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 44 year old female with date of injury 6/16/2012. Date of the UR decision 5/15/2014. The mechanism of injury was a slip and fall at work resulting in consciousness, subsequent physical injuries to her head, back, neck, elbows and Legs. Report dated 2/4/2014 suggested that the injured worker continued to present feeling frustrated and tearful due to the lack of treatment for her lower back pain. It was indicated that she suffered from significant pain and was unable to travel around or help the family out due to her restrictions. She underwent one epidural steroid injection with no relief per her report. A Psychologist consultation for her anxiety and depression was requested per that report. She was being prescribed tramadol, Flexeril for back pain and Topiramate, Amitriptyline for headaches. Report dated 4/15/2014 indicated that she presented with the continued complaint of constant severe lower back pain radiating down her legs as well as depression and anxiety affecting her activities of daily living. It was indicated that she has been undergoing treatment with Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation every 6-8 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" 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 request for Psychiatric evaluation every 6-8 months for unspecified duration of time is excessive and not medically necessary based on the clinical information.