

Case Number:	CM13-0037752		
Date Assigned:	12/18/2013	Date of Injury:	01/05/2011
Decision Date:	01/28/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/01/2013

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 Psychiatrist 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 34 year old male with date of injury 1/5/2011. Date of the UR decision was 9/27/2013. He encountered injury while lifting a box at work resulting in a hernia. Report dated 7/19/2013 suggested that the injured worker was compliant with his medications and had no side effects. He had improved mood, energy and was losing weight. He was being prescribed Wellbutrin XL 150 mg in the mornings and Trazodone 50 mg at bedtime. Report dated 8/16/2013 documented the same subjective complaints and treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit for pharmacologic management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

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. "Report dated 7/19/2013 suggested that the injured worker was compliant with his medications i.e. Wellbutrin XL 150 mg in the mornings and Trazodone 50 mg at bedtime and had no side effects. He had improvement in mood, energy and was losing weight. Request for office visit for pharmacologic management is medically necessary for follow up.