

Case Number:	CM14-0210096		
Date Assigned:	12/23/2014	Date of Injury:	05/21/2011
Decision Date:	03/10/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old male who suffered a work related injury on 05/21/11. Per the physician notes from 10/30/12 he was administered a comprehensive battery of psychological tests and the injured worker reported a variety of symptoms indicating depression, anxiety, sleep difficulties, sexual difficulties, memory problems, attention span deficits, gastrointestinal disturbances, and physical complaints. He has not worked since June 2012. The Agreed Medical Evaluation on 11/11/13 recommended an emphasis on non-habit forming medication and a sophisticated pain management/depression medication algorithm. He felt the group therapy should be discontinued and medications refills only for antidepressants were appropriate. He felt the injured worker should be encouraged to begin working again. The request is for retrospective approval of 81 pharmacological visits from 12/05/12-04/28/14. During the visits for which documentation was provided, medication adjustment was provided. This request was denied by the Claims administrator on 12/02/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Psychological Assessment for Pharmacological Management x81 Visits:
 Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter

Decision rationale: Based on the review of the medical records, the injured worker continued to experience chronic pain as well as psychological/psychiatric symptoms secondary to his work-related injury. He had been receiving both psychological and psychotropic services to help him manage and reduce his symptoms. It is reported that the injured worker completed 81 medication management office visits between 12/5/2012 and 4/28/2014. This is an excessive number of visits for this duration of time and is not supported by the included medical records. The ODG states, "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." Utilizing this information, it is reasonable based on the injured worker's symptoms and medications that he would have required routine office visits with psychological assessments however, the request is excessive and not medically necessary. It is noted that the injured worker did receive a modified authorization for retrospective psychological assessment for pharmacological management visits for 10 visits based upon this request.