

Case Number:	CM14-0218832		
Date Assigned:	01/08/2015	Date of Injury:	04/13/2009
Decision Date:	03/11/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 (IW) is a 45 year old male, who worked as an 'off loader', sustained a work related crush injury on 4/13/09 to the right lower extremity. Past medical history included diabetes mellitus, hypertension, nephrolithiasis, and epilepsy. Treatment diagnoses included right lower extremity crush injury, left L5 radiculopathy, right sacroiliac joint disorder, chronic pain syndrome, lumbar disc herniation s/p fusion, neuropathic pain, anxiety, depression, and surgical procedures on the right leg and foot. The IW demonstrated ongoing pain management with symptoms of depression and Post Traumatic Stress Disorder (PTSD). Referral to counseling and to a psychiatrist was prescribed. The primary physician's report (PR-2) on 9/9/14 reported the IW having anxiety, depression, low energy, sleep disturbance, pain in the leg, and sexual dysfunction. Recommendations were for medication, urological, and neurological evaluations. In 11/4/14, the anxiety, joint pain, loss of sensation with numbness and tingling persisted. A follow up psychology/psychiatry was recommended along with physical/aquatic therapy, home access ramp, home help, and medication renewal. On 12/15/14, per pain management consultation, there was report of an ongoing chronic pain issue with depression and concerns about sexual dysfunction. Plan included right sacroiliac joint injection, continue physical therapy, oral pain medications, and follow up for erectile dysfunction. A UR of 12/15/14 partially certified a request for follow up evaluation with a psychiatrist for PTSD once every four months to one office visit, citalopram 30mg to allow the opportunity for submission of additional records, and clonazepam 2mg to allow for downward titration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a psychiatrist; once every 4 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), TWC, Mental Illness & Stress

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS does not address evaluations with a psychiatrist. ODG Mental Illness & Stress 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

Decision rationale: A UR of 12/15/14 allowed for partial certification of this same request, modifying it to one office visit. It is unclear if this patient remains on citalopram and clonazepam as no further records were provided. It does not appear that the office visit which was certified was utilized to date as no records were provided. This request is therefore noncertified.