

<b>Case Number:</b>	CM15-0012833		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/02/1994
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 59year old male injured worker suffered an industrial injury on 8/2/1994. The diagnoses were dysthymic disorder, general anxiety disorder and pain disorder. The treatments were spinal cord stimulator, medications, cognitive behavioral therapy. The treating provider reported stable mood, cooperative and motivated for improvement. The Utilization Review Determination on 1/5/2015 non-certified 12 physician's team conferences, 1 x a month modified to 6 visits, citing ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physician team conference (1 x month): 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), Pain Chapter, Office Visits

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: office visits. December 2014 update.

**Decision rationale:** Citation: The MTUS is nonspecific for Multidisciplinary team conference, the ODG addresses it indirectly as Office Visits, Evaluation and Management (E&M) stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Decision: According to a request for treatment from the patient's treating psychologist dated December 20, 2014 a request was being made "for reimbursement of team conference between the primary treating physician and psychologist under MTUS guidelines for multidisciplinary chronic pain management. Monthly team conference will be scheduled in order to improve coordination of care and expedite physical rehabilitation of this injured worker who is a complex case. Multidisciplinary team conferences are seen as medically necessary to relieve symptoms of work injury." The request for 12 sessions of team conference was modified by utilization review to allow for 6 sessions. The utilization review determination was stated that (the therapist) has been treating the patient with individual cognitive behavioral therapy in conjunction with conventional medical treatment by his primary physician. Patient is status post cervical fusion, lumbar fusion, lumbar spinal cord stimulator. The team conference was to be held once every 6 weeks to provide a more combined approach and to distinguish the needs of the patient." The medical necessity of this request was not established with by the documentation provided. The request is excessive for duration of time. The request for 12 monthly sessions is the equivalent of one year's worth of treatment. A full year's worth of multidisciplinary team conferences may not be needed if the patient's progress improves significantly over the course of a few months and it should be reassessed periodically. Although the MTUS/official disability guidelines do not specifically give a timeframe for periodic review of medical necessity it should be every 3 to 4 months would be reasonable. In this case the utilization review allowed for 6 months as a modification of the request which was appropriate. Because medical necessity of 12 physician team conferences was not established, the request to overturn the utilization review determination is not approved.