MAXIMUS Federal Services

Case Number:	CM15-0019479		
Date Assigned:	02/09/2015	Date of Injury:	07/23/2004
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 39-year-old male, who sustained an industrial injury on July 23, 2004. He has reported depression, anxiety, and tension, irritability, and sleep difficulties. The diagnoses have included bipolar disorder with psychotic features, posttraumatic stress disorder, major depression, panic attacks, and paranoia. Treatment to date has included medications and psychotherapy. A progress note dated January 6, 2015 indicates a chief complaint of continued depression, anxiety, tension, and irritability. Psychological evaluation showed psychomotor agitation, pressured speech, and flight of ideas, panic attacks, insomnia, crying spells, impaired concentration, and extreme weight loss. The treating physician requested a comprehensive medical examination by an internist, blood work including liver function tests, HgA1c, and Complete Blood Count (CBC), psychotherapy for forty-five minutes every 1-2-4 weeks as needed, and prescriptions for Zyprexa, Flexeril, Tranxene, and Risperdal.On January 28, 2015, Utilization Review certified the request for prescriptions for Zyprexa, Flexeril, Tranxene, and Risperdal. Utilization Review partially certified the request for psychotherapy with an adjustment to four total sessions. Utilization Review denied the request for a comprehensive medical examination by an internist, blood work including liver function tests, HgA1c, and Complete Blood Count (CBC). The California Medical Treatment Utilization Schedule, California Chronic Pain Medical treatment Guidelines, and Official Disability Guidelines were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Comprehensive Medical Exam By Internist: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office Guidelines

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. In this case, the claimant had been on anti-psychotic medications and had significant psychiatric conditions. The medications can have multi-system and endocrinilogical impact. The management of such patients should be with a psychiatrist and an internist. The request for an internist for a comprehensive exam is appropriate and medically necessary.

Blood Labs: Liver Function Tests, HgAlc, CBC, To Check for Long Term Use of Narcotics: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, periodic monitoring of labs such as LFT and renal panel is appropriate for those on NSAID and Opioids. IN this case, the claimant was also on anti-psychotics which can lead to diabetes. An A1c would be appropriate as well. The request for labs above is medically necessary.

Psychotherapy, 45 Minutes Once Every 1-2-4 Weeks As Needed: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the guidelines, psychotherapy is recommended especially in managing PTSD. This commonly involves one to two meetings per week and can be relatively

short term (10 to 20 sessions) and focal or long term (lasting years) and open ended; (b) Sessions usually last 45 to 50 minutes and, although they average once a week, may be held more or less frequently depending on the patient's needs and tolerance. The physician requested 45 min sessions every 1-2-4 weeks which is within the guidelines and the claimant has PTSD. The request for the sessions is medically necessary.