

Case Number:	CM15-0110643		
Date Assigned:	06/17/2015	Date of Injury:	04/25/2011
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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, Arizona,
Maryland Certification(s)/Specialty: 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 is a 43 year old male, who sustained an industrial injury on 4/25/11. He reported a knee injury after slipping and falling. The injured worker was diagnosed as having lumbar intervertebral disc displacement without myelopathy; neuritis/radiculitis thoracic/lumbosacral status post op. Treatment to date has included oral pain medications including Wellbutrin, Trazodone and Xanax, physical therapy and activity restrictions. Currently, the injured worker complains of left lumbar, right lumbar, left sacroiliac, left pelvic, left buttock, left posterior leg, sacral, left posterior knee, left calf, left ankle, left foot, right posterior knee, right posterior hand, right posterior wrist, left cervical dorsal, left posterior shoulder, right anterior hand, left clavicular, left anterior shoulder, right hip, pubic, left hip, left anterior leg, left anterior knee, left shin, left ankle and left foot pain rated 7/10; and noticeable 100 % of the time. He also states he has numbness and tingling 50 % of the time of left lower extremity. He notes Trazodone and Wellbutrin are helping, he also feels better with physical therapy and rest. Physical exam noted tenderness to palpation of lumbar, left sacroiliac, right sacroiliac, sacral, left and right buttock and left and right posterior leg. A request for authorization was submitted for medication management (one every 6 weeks for 6 months), beck depression inventory and beck anxiety inventory.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions with beck depression inventory and beck anxiety inventory times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits Topic: Psychological evaluations.

Decision rationale: ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible" ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." The injured worker suffers from chronic pain secondary to industrial injury and psychological consequences due to the same. The most recent progress report dated 4/23/2015 indicated that he is being prescribed Wellbutrin, Trazodone and Xanax for the psychiatric symptoms. Medications such as Xanax are not indicated for use more than four weeks per the guidelines. There is no clinical indication as to why psychological testing including beck depression inventory and beck anxiety inventory would be needed at every office visit. Thus, the request for Medication management sessions with beck depression inventory and beck anxiety inventory times 4 is excessive and not medically necessary at this time.