

Case Number:	CM15-0115312		
Date Assigned:	06/23/2015	Date of Injury:	05/12/2009
Decision Date:	07/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/15/2015

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 58-year-old male who sustained an industrial injury on 5/12/2009 causing chronic shoulder and upper arm pain and leading to a diagnosis of Depressive Disorder Secondary to General Medical Condition and Pain Syndrome. Treatment has included use of anti-depressant and anti-anxiety medications which he reports improves the severity of his depressive symptoms. The injured worker continues to experience depressive symptoms and chronic pain. The treating physician's plan of care includes psychiatric medication management including one psychiatric visit per month for six months. The injured worker is on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 visits, 1 monthly for 6 months for medication management with Psychiatry: Overturned

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

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.

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." The injured worker has been diagnosed with Depressive Disorder secondary to General Medical Condition and Pain Syndrome. He has been in Psychiatric treatment for over a year and has been on several medications including Cymbalta, Fetizma, Abilify, Klonopin etc. He continues to experience symptoms of depression including hopelessness, poor concentration, psychomotor agitation although Cymbalta and Abilify are being continued per the progress report dated April 16th, 2015. The request for 6 visits, 1 monthly for 6 months for medication management is medically necessary for continued treatment of the psychiatric symptoms. Will respectfully disagree with UR physician's decision with Psychiatry. Therefore, the requested treatment is medically necessary.