

Case Number:	CM15-0121907		
Date Assigned:	07/06/2015	Date of Injury:	11/10/2014
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/24/2015

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: Texas, 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:

This is a 47 year old female patient, who sustained an industrial injury on 11/10/2014. She reported psychological symptoms developed from harassment and stress. Diagnoses include chronic pain and post traumatic stress disorder (PTSD). Per the progress notes dated 4/23/2015 she reported having felt better and well rested until 2 weeks prior due to external stressors. She had following symptoms with slightly decreased in intensity- depressed mood with anhedonia; poor concentration, attention and memory; increased appetite with weight gain; poor self-esteem; low energy; irritability; and anxiety with somatic, visceral, sensory and autonomic symptoms. She reported no changes in: her intrusive thoughts of the sexual harassment by her boss; her avoidance of thoughts or feelings about the sexual harassment; or of people/places/activities that remind her of it; or of her hyper-vigilance and exaggerated startle response to it; or her loss of libido. The objective findings revealed obese; easily agitated and brought to tears; responded with anger and rising of voice when confronted with medication intake; with a circumstantial and intermittently tangential through process; with poor concentration and very forgetful. The medications list includes Effexor. Patient has tried trazodone for insomnia. Per the note dated 3/27/15, the other medications list includes Tramadol, Ranitidine, Sucralfate, Ibuprofen, Naproxen, Omeprazole and artichoke extract. Treatments to date include Effexor and group psychotherapy. The plan of care included increasing the Effexor to 75mg twice a day for PTSD and chronic pain. The appeal request was for six (6) monthly medical management visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Management Monthly 6 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided patient had chronic pain and posttraumatic stress disorder (PTSD). The patient has significant objective findings on the physical examination-easily agitated and brought to tears; responded with anger and rising of voice when confronted with medication intake; with a circumstantial and intermittently tangential thought process; with poor concentration and very forgetful. She was advised to increase the dose of the Effexor. Monthly consultation is medically appropriate for management of medications, to evaluate her mental/psychological status and to know the response to the medications. The request of Medical Management Monthly 6 Visits is medically appropriate and necessary in this patient at this juncture.