MAXIMUS Federal Services

Case Number:	CM15-0127136		
Date Assigned:	07/13/2015	Date of Injury:	11/07/2007
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 42-year-old who has filed a claim for chronic low back, hip, and mid back pain reportedly associated with an industrial injury of November 7, 2007. In a Utilization Review report dated July 1, 2015, the claims administrator partially approved a request for 12 medication management sessions as three medication management sessions. The claims administrator also approved a request for Cymbalta. A May 29, 2015 RFA form and associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On April 21, 2015, the applicant received acupuncture. The applicant was described as having a variety of chronic pain, depression, and fatigue symptoms, including low back pain, neck pain, and headaches. The applicant was on Mobic, Duexis, Gabapentin, Cymbalta, Desyrel, Valium, metformin, Colace, and MiraLax. The applicant's work status was not detailed, although it did not appear that the applicant was working. Additional acupuncture was sought. In an RFA form dated April 22, 2015, Cymbalta, Valium, Desyrel, Buspar, housekeeping, and 12 monthly medication management and psychotherapy visits were sought. It was stated that home health services represented assistance with activities of daily living. On June 8, 2015, the applicant's pain management physician placed the applicant off of work, on total temporary disability. The applicant was receiving Valium, Desyrel, and Cymbalta from her psychiatrist, it was reported. Eight sessions of acupuncture, Robaxin, Gralise, Lidoderm, and Protonix were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 medication management sessions: 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), Mental Illness & Stress: Office Visits (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress
Related Conditions Page(s): 405.

Decision rationale: No, the request for 12 medication management visits was not medically necessary, medically appropriate, or indicated here. The request in question appears to represent a request for monthly follow-up visit with the applicant's psychiatrist. However, the MTUS Guideline in ACOEM Chapter 15, page 405 stipulates that the frequency of [mental health] office visits should be based on the severity of an applicant's symptoms. Here, thus, the attending provider's request for 12 consecutive psychotropic medication management sessions, thus, ran counter to the philosophy espoused in the MTUS Guideline in ACOEM Chapter 15, page 405 to base the frequency of follow-up visits on the severity of an applicant's symptoms. Therefore, the request was not medically necessary.