

<b>Case Number:</b>	CM15-0171732		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/02/2004
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 50 year old male who sustained an injury on 2-2-04. Diagnoses are lumbosacral neuritis; lumbago; post laminectomy syndrome. A Psychology Reevaluation report (6-4-15) indicates the IW continues to experience severe low back pain that radiates into his bilateral lower extremities (worse on the left) and has muscle wasting in his left leg and drop foot that hinders ambulation. He experiences tingling in bilateral lower extremities and remains chronically fatigued. He remains anxious and depressed secondary to pain, impairment and losses associated with his orthopedic injuries and his symptoms of anxiety have increased since he ran out of his psychotropic medications. The medications help his depression. He has difficulties with concentration and memory that have increased since stopping the psychotropic medications. The records reveal that there has been deterioration in his psychiatric condition secondary to unsuccessful lumbar fusion surgery followed by 3 additional procedures and the development of a post-surgical infection. He has participated in individual psychotherapy in 2012 with some benefit. Since his psychotropic medications were discontinued 2 months ago he has experienced increased anxiety and depression; worsening sleep; difficulties with concentration and memory. Recommendations at this exam included psychopharmacological medication management. 7-15-15 PR2 indicates objective findings of low back pain with restrictive range of motion. He has chronic pain and there were no major changes since his last visit. He has numbness and tingling in his legs, feet and he is in need of new orthopedic shoes. Work status was to remain off work until 8-12-15. Medications include Soma 350 mg; Norco 1-325 mg; Lidocaine patch 5%; Voltaren gel 1%. He states that the medication helps with his pain and with activities of daily

living. Currently the PR 2 from 8-12-15 indicates back pain with restrictive range of motion and left leg with foot drop. He is taking the same medication eases the pain from 9 to 5 with activities of daily living. He was offered Cymbalta and cognitive behavioral modification. Current requested treatments psychotropic medication management visits times 3 months.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Psychotropic medication management visits times 6 monthly:** 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) Mental Illness & Stress/ 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 suffers from lumbosacral neuritis; lumbago; post laminectomy syndrome and is also reported to be anxious and depressed secondary to pain, impairment and losses associated with his orthopedic injuries. It is to be noted that since his psychotropic medications were discontinued few months ago he has experienced increased anxiety and depression; worsening sleep; difficulties with concentration and memory. It is to be noted that he was offered Cymbalta and cognitive behavioral modification. The injured worker is not on any medications requiring close monitoring needing once monthly visits. Thus, the request for Psychotropic medication management visits times 6 monthly is excessive and is not medically necessary.