

Case Number:	CM15-0172352		
Date Assigned:	09/14/2015	Date of Injury:	05/03/1985
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/01/2015

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: Arizona, 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:

The injured worker is a 63 year old male who sustained an industrial injury May 3, 1985. Past history included status post L4-L5 discectomy and fusion; chronic intractable lower back pain with L2-L3 disc herniation; chronic right leg greater than left radiculopathy; chronic right trochanter bursitis; bladder cancer; hypertension; Meniere's disease; status post right shoulder surgery October 2013 and April 2014; depression secondary to industrial injury and chronic pain. A May 1, 2015, primary treating physician's progress report revealed the injured worker continues to have a flare-up of severe low back pain which started over a month ago. He uses a walking cane and is having difficulty getting up from a chair and supporting himself with the cane. There is no aberrant drug taking behavior noted. He was prescribed medication for pain and anxiety. A psychiatrist's progress report dated August 6, 2015, found the injured worker presenting for a follow-up after six months. He describes his depression as mild to moderate. One stressor he explains is that of a caretaker for his brother who had a stroke and also for cleaning his apartment. He reports poor sleep 4-6 hours a night, lack of enjoyment, does not fish or play guitar as before, decreased libido, poor energy and concentration, increased appetite, agitated and occasionally feeling helpless and hopeless without suicidal ideation. He is seeing a therapist which he reports as helpful. Diagnosis is documented as major depressive disorder. Treatment plan included continue with Fetzima and added Seroquel XR, and follow-up for psychotropic medication and supportive therapy. At issue, is the request for authorization dated August 7, 2015, for follow-up visits with psychiatrist once a month for 6 months (6 visits). According to utilization review dated August 14, 2015, the request for follow-up visit with

psychiatrist once a month for 6 months (6 visits) has been modified to follow-up visit with psychiatrist once a month for 3 months (3 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Psychiatrist once a month for 6 months (6 visits): Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant has depression from the injury and requires to be on psychotropic medication. Management of major depression is a long-term process and requires close and lengthy follow-up. Follow-up with a psychiatrist monthly for 6 months is appropriate and medically necessary.