

Case Number:	CM15-0174199		
Date Assigned:	09/16/2015	Date of Injury:	12/06/2005
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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 67 year old female who sustained an industrial injury on 12-06-05. Progress report dated 8-8-15 reports continued complaints of chronic pain and pulmonary problems. She has chronic asthma and COPD. She is unable to work, she has trouble sleeping and her mood continues to wax and wane in severity. Diagnoses include: major depression, anxiety, obstructive sleep apnea, psychological factors affecting physical condition. Plan of care includes: request once monthly outpatient psychiatric treatment 40 minutes for 6 months, refill medications; sertaline 100 mg, abilify 2 mg, lunesta 3 mg and discontinue buspirone, nuvigil, zolpedem, fluoxetine, trazodone and cymbalta. Work status: unable to perform usual work. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych sessions 1 x per month x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 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 Major Depressive Disorder, single episode, severe, Anxiety disorder not otherwise specified and Psychological factors affecting medical condition. She is being prescribed Sertraline 100 mg daily for depression, Abilify 2 mg daily for augmentation of antidepressant effect, Lunesta 3 mg at bedtime as needed for sleep and Alprazolam 0.5 mg daily as needed for anxiety. It is to be noted that the injured worker has been treated with other psychotropic medications in the past including buspirone, nuvigil, zolpedem, fluoxetine, trazodone and cymbalta. The request for Psych sessions 1 x per month x 6 months i.e. additional six sessions is excessive and not medically necessary as medications such as Lunesta, Alprazolam are not indicated for long term use; Abilify is not indicated for conditions covered in ODG and the prescription of Sertraline does not require such close monitoring needing once monthly visits for 6 more months.