

Case Number:	CM15-0046856		
Date Assigned:	04/22/2015	Date of Injury:	01/08/2001
Decision Date:	06/11/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/12/2015

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 58 year old female who sustained an industrial injury on 01/08/2001. The injured worker was diagnosed with post-traumatic stress disorder, severe depressive disorder with suicidal ideation, cognitive disorder and psychological disorder associated with her medical condition of chronic pain. Medical diagnoses are listed as multilevel cervical stenosis with bilateral upper extremity radicular pain, headaches, chronic lumbar strain and disc herniation. Treatment to date includes Cognitive Behavioral Therapy (CBT) and individual therapy sessions. According to the primary treating physician's progress report on December 24, 2014, the injured worker presented in a distressed state and continues to experience depressed mood and fatigue. The injured worker cries relating her sedentary life style and depressed mood that has affected her overall health. The injured worker reports upper abdominal pain with medication intake. Current medications are listed as Lyrica, Seroquel, Paxil, Ativan, and Klonopin. Treatment plan consists of breathing and relaxation strategies at home, 24/7 homecare by psyche technician or skilled LVN and the current request for psychopharmacology management for 3 sessions

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacology management, 3 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: 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 healthcare 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 prescribed Lyrica, Seroquel, Paxil, Ativan, and Klonopin for treatment of symptoms related to post-traumatic stress disorder, severe depressive disorder with suicidal ideation, cognitive disorder and psychological disorder associated with her medical condition of chronic pain. The request for Psychopharmacology management, 3 sessions is medically necessary for ongoing psychiatric treatment. Thus, will respectfully disagree with UR Physician's decision.