

Case Number:	CM15-0078008		
Date Assigned:	04/29/2015	Date of Injury:	04/04/2008
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/23/2015

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 was a 53-year-old female, who sustained an industrial injury, August 4, 2008. The injured worker previously received the following treatments Omeprazole, Baclofen, Gabapentin, Abilify Citalopram, epidural steroid injection, home exercise program, Celebrex, Cymbalta, Duloxetine, psychiatric services and lumbar spine MRI. The injured worker was diagnosed with severe depression, multilevel disc protrusion affecting the anterior thecal sac particularly at L3-L4, mild central canal stenosis and narrowing of the lateral recesses and bilateral foraminal stenosis left greater than the right. According to progress note of March 24, 2015, the injured workers chief complaint was low back pain. During the visit, the physical did psychological testing and interpretation. The treating physician felt the injured worker needed to continue with psychological intervention for continued depression. The treatment plan included psychiatrist visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatrist times 4 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-102.

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 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 prescribed several psychotropic medications in the past as well as presently for the treatment of the psychiatric symptoms related to the industrial trauma. The request for Psychiatrist times 4 visits is medically necessary for continued treatment.