

Case Number:	CM15-0091693		
Date Assigned:	05/14/2015	Date of Injury:	02/19/2004
Decision Date:	05/18/2015	UR Denial Date:	05/04/2015
Priority:	Expedited	Application Received:	05/12/2015

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:

Injured worker is a 45 year old female with date of injury 2/29/2004. Date of the UR decision was 5/4/2015. Per report dated 5/6/2015, the injured worker reported being under treatment for chronic pain but was stressed as her pain physician was not prescribing pain medications anymore for her. Physical examination revealed an extremely hypersensitive upper extremity with radiation of the pain. She has been diagnosed with chronic complex regional pain syndrome, chronic pain disorder, major depressive disorder with history of one suicide attempt, status post thoracic outlet syndrome and s/p surgical release with residual symptoms, status post left scalene muscle release on left side with residuals and failed epidural steroid injection and sympathetic blocks. Injured worker was referred for pain management and for follow up with Psychiatrist per the treatment plan. Report dated 4/25/2015 indicated that the injured worker was being prescribed Lamictal, Pristiq, Exalgo and Omeprazole. Psychiatric diagnoses listed for her include Generalized anxiety disorder and Major Depressive Disorder. It has been indicated that she has completed 12 sessions of psychotherapy treatment so far.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Treatment (once a month for 12 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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, Office visits, Stress related conditions.

Decision rationale: ODG states 'Office visits: Recommended as determined to be not medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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 that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. 'The injured worker has been diagnosed with Generalized anxiety disorder and Major depressive disorder per the submitted documentation. It has been suggested that she has been taking Prisitq and Lamictal. There is no detailed assessment of psychiatric symptoms or any objective functional improvement so far. The request for Psychiatric Treatment (once a month for 12 months) is excessive and not medically necessary as the injured worker is not on any psychotropic medications that would require such close monitoring as once a month visits for duration of one year. The requested treatment is not medically necessary.

Pain Management Evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 127; and on the ODG, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. The injured worker presented with subjective complaints of ongoing chronic pain and objective findings suggested presence of extremely hypersensitive upper extremity with radiation of the pain. It has been suggested that the injured worker has been running out of pain medications while she continues to be symptomatic. The request for a Pain Management Evaluation is necessary to consider the referral consistent with the standard of care to refer injured workers with refractory pain to pain management specialists. The request is medically necessary.

