

Case Number:	CM15-0092472		
Date Assigned:	05/18/2015	Date of Injury:	08/06/2000
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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

Certification(s)/Specialty: Psychologist

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 62-year-old female who sustained an industrial injury on 8/6/00. The injured worker was diagnosed as having major depressive disorder, complex regional pain syndrome and fibromyalgia. Currently, the injured worker was with complaints of feeling discouraged. Previous treatments included selective serotonin reuptake inhibitor, opioid analgesics and muscle relaxants. The injured workers pain level was noted as 8/10. The plan of care was for psycho-pharmacotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psycho-pharmacotherapy every 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter, office visits March 2015 update.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The Official Disability Guidelines (ODG) address the issue of "Psycho-pharmacotherapy" as Office Visits, Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment." A request was made for "psycho-pharmacotherapy visits every 2 weeks" the request was non-certified by utilization review with the following provided rationale: "In this case, the documentation submitted for review does not include the current psychiatric medication claimant is taking, a plan of care, or reasoning that psycho-pharmacotherapy visits are every 2 weeks." This IMR will address a request to overturn that decision. All of the medical records that were provided for this review were carefully considered. The provided medical records do not establish the medical necessity of the request. The request itself is nonspecific with regards to quantity of sessions being requested. The request is written as "every 2 weeks" without any indication of how many sessions or for what period/duration of time the request would continue for. Essentially this is a request for an open-ended and unlimited course of psychiatric treatment. The medical necessity of an open ended and unlimited course of psychiatric treatment is not established by the MTUS guidelines for the provided documents. In addition to the issue of nonspecific quantity, the request itself for psycho-pharmacotherapy sessions every 2 weeks is also not supported due to excessive frequency of visits. There is no indication of why the patient needs to be seen at a biweekly frequency. There is no active treatment plan and indications of patient functional improvement based on prior treatment are limited. For these reasons, the medical necessity the request is not established and therefore the utilization review determination is not medically necessary.