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| <b>Case Number:</b>   | CM15-0094102 |                              |            |
| <b>Date Assigned:</b> | 05/20/2015   | <b>Date of Injury:</b>       | 10/05/2012 |
| <b>Decision Date:</b> | 06/26/2015   | <b>UR Denial Date:</b>       | 04/30/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/15/2015 |

### 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: Preventive Medicine, Occupational Medicine

### 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 49-year-old female, who sustained an industrial injury on 10/05/2012. She reported injury to her upper extremities. Treatment to date has included medications, electrodiagnostic studies, MRI, cortisone injection, surgery and psychotherapy. On 01/15/2015, the injured worker underwent left carpal tunnel release. According to a progress report dated 04/24/2015, subjective complaints included depression, low energy, anhedonia; poor concentration, attention and memory, disturbance of appetite, poor self-esteem and guilt feelings, irritability and anger, hopelessness, helplessness, derealization and slightly worsened sleep. She denied side effects of Trazodone and Effexor. Diagnoses included major depressive disorder single episode severe without psychotic features, personality disorder features, sleep apnea, hypothyroidism, physical injury, disability and financial hardship. Treatment plan included continuance of Effexor, Trazodone, group psychoeducation for depression/6 additional sessions and group psychoeducation for insomnia. An authorization request dated 04/27/2015 was submitted for medication management and group cognitive behavioral therapy. According to an orthopedic progress report dated 04/28/2015, the injured worker noted good relief from the carpal tunnel release. She still had pain along the first extensor and had difficulty with gripping and grasping with the left upper extremity and pain across the base of the thumb. First extensor release was not approved at the time of her surgery and thus was not completed. She had pain in both shoulders, difficulty sleeping on either side, neck pain, spasms and headaches. She also report low back pain. She was seeing her primary care doctor regarding her blood pressure and another provider for anxiety and depression related to chronic pain. She was also going to classes

for depression as well as taking Effexor and Trazadone for depression and insomnia. Treatment plan included first extensor release on the left, Norco, Topamax, Naproxen, Protonix, Tramadol and 12 sessions of physical therapy three times a week for four weeks for the neck and upper extremities. Currently under review is the request for six medication management sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Medication Management (6-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 (ODG), Mental Illness & Stress: Office visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress/Office Visits Section Neck Chapter/Office Visits Section.

**Decision rationale:** The MTUS Guidelines do not address office visits specifically for chronically injured workers. The MTUS Guidelines recommend frequent follow-up for the acutely injured worker when a release to modified, increased, or full activity is needed, or after appreciable healing or recovery can be expected, on average. Per the ODG, repeat office visits are determined to be 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 ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. This request is for a known number of ongoing follow-up visits with the treating physician, with a specific treatment goal of medication management. Therefore, the request is medically necessary.