

Case Number:	CM15-0097769		
Date Assigned:	05/28/2015	Date of Injury:	03/01/2012
Decision Date:	07/08/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/20/2015

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 41 year old male who sustained a work related injury March 1, 2012. While on a ladder he fell, landing on concrete face down, fracturing his left wrist, fracturing a tooth, laceration to the lower lip, and cervical and lumbar sprain/strain. Past history included s/p internal fixation complex fractures of the left distal radius and carpal bone, s/p carpal tunnel release, s/p removal of K-wires, left wrist. According to a primary treating physician's progress report, dated April 23, 2015, the injured worker presented to the clinical psychologist with complaints of continued pain and experiencing recurrent recollections of trauma consistent with traumatic injury. Diagnoses are major depression disorder, single episode; post-traumatic stress disorder. Treatment plan included individual therapy and at issue, a request for authorization for psychiatric consultation medical management visit, 8 monthly sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric consultation medication management visit 8 monthly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Page(s): 101.

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 diagnosed with Post Traumatic Stress Disorder and Major Depressive Disorder and has been receiving treatment in form of psychotherapy. The request for a Psychiatric Consultation is clinically indicated but medical necessity for 8 office visits cannot be established at this time since The injured worker is not on any psychotropic medications that would require such close monitoring needing 8 medication management visits. Thus, the request for psychiatric consultation medication management visit 8 monthly sessions is not medically necessary.