

Case Number:	CM15-0099050		
Date Assigned:	06/01/2015	Date of Injury:	01/18/2010
Decision Date:	07/07/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/22/2015

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 50 year old male, who sustained an industrial injury on 01/18/2010. She sustained injury to her left shoulder. Treatment to date has included x-rays, medications, MRI of the left shoulder, physical therapy and surgery. According to a psychiatric consultation dated 02/26/2015, physical symptoms included left shoulder pain. Psychiatric symptoms included episodes of anxiety, dizziness, coldness, sweating, tachycardia and shortness of breath. He had been treated with Alprazolam and Lexotan. He had not had any anxiety attacks in two months. Current medications included Lexotan and Ibuprofen. He also used Passiflora tea. Substance use included alcohol socially. Diagnoses included anxiety disorder not otherwise specified and left shoulder derangement status post-surgery x 1. The provider noted that the injured worker developed an anxiety disorder following his accepted physical injury and that in order to improve he would need to resume his psychotherapy appointment as well as begin psychopharma-cological treatment. He was to begin treatment with Viibryd, titrating his dose to 40mg per day. He was to continue using Lexotan until his dose of Viibryd had shown to be tolerated. On 03/21/2015, the injured worker presented to the Emergency Department for evaluation of feeling drowsy and anxious after adjusting medications. He reported that he had been slowly decreasing his Lexotan as directed. The provider noted that the injured worker's symptoms and signs were most likely due to reducing his medications too fast and recommended that the injured worker continue on Viibryd as well as half a tablet of Lexotan for the next 2 days and to contact his psychiatrist. According to a cognitive behavioral therapy progress report dated 04/15/2015, the injured worker complained of more anxiety and re-current panic attacks due to combination of aggravated industrial pain and medication changes. Currently under review is the request for 8 psychiatry appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychiatry appointments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 anxiety disorder not otherwise specified and is being prescribed Viibryd and Lexton. The injured worker is not on any medications that would require such close monitoring as eight more office visits. Thus, the request for 8 Psychiatry appointments is excessive and is not medically necessary.