

Case Number:	CM14-0149595		
Date Assigned:	09/18/2014	Date of Injury:	08/12/2011
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68 year old female with date of injury 8/12/2011. Date of the UR decision was 8/27/2014. He had a fall while exiting a forklift which caused immediate pain in bilateral legs and feet. Report dated 8/12/2014 indicated that she was experiencing pain in her neck, back and left leg. She reported pervasive anxiety, worry, depression and helplessness. She scored 19 on Beck Depression Inventory and 37 on Beck Anxiety interview. She was diagnosed with Adjustment disorder with mixed anxiety and depressed mood, chronic, rule out major depressive disorder and Insomnia type sleep disorder due to chronic pain. Recommendations included brief course of Cognitive therapy and psychotropic medications. Her current psychotropic medication per that report was Prozac; non-psychotropic medications included Aspirin, Lansoprazole, Terazosin, Metoprolol, Amlodipine, Lisinopril and Vitamins. It has been indicated that she has been continued on Prozac since 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic medication management x 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Integrated Treatment/Disability Duration Guidelines, Pain (Chronic)

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 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. "Per the most report progress report, the only psychotropic medication being prescribed for the injured worker is Prozac. The request for Psychotropic medication management times 6 sessions is excessive and not medically necessary as the injured worker's symptoms and current medications do not require close monitoring needing 6 visits.