

<b>Case Number:</b>	CM13-0001243		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	02/18/2005
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	07/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/12/2013

### 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 Child and Adolescent 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:

The injured worker is a 50 year old female who was injured at work on February 18, 2005. She suffered a lifting injury during her work duties as a Certified Nursing Assistant (CNA) in a nursing home. Subsequently, the injured worker experienced persistent chronic low back pain, and was diagnosed with Lumbar Sprain. Treatment included physical therapy, spinal epidural injections, and analgesic medication. The injured worker later developed symptoms of low energy, insomnia, difficulty concentrating, mood swings and instability. The injured worker was diagnosed with Depression and Anxiety. She is prescribed the psychotropic medications Buspar, Estazolam, Seroquel, and Wellbutrin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT SESSIONS ONCE EVERY 3 MONTHS FOR THE EXTENDED FUTURE (FOR NEXT 2 YEARS OR MORE):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

**Decision rationale:** MTUS is not applicable. The ODG indicate that psychotropic medication management is an important component in the overall treatment plan for individuals suffering from symptoms of depression and anxiety. The frequency and duration of visits is determined by the severity of symptoms, whether a referral for testing was made, missed days of work, for medication adjustments, and for adverse side effects. The injured worker is diagnosed with depression and anxiety. She is prescribed a medication regimen which requires psychiatric medication monitoring. The request for two years of three monthly medication management appointments is excessive. The request is therefore not medically necessary on this basis.