

Case Number:	CM13-0003186		
Date Assigned:	03/03/2014	Date of Injury:	04/07/1988
Decision Date:	04/11/2014	UR Denial Date:	07/21/2013
Priority:	Standard	Application Received:	07/25/2013

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 Psychiatry and Neurology 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:

According to the records made available for review, this is a 56-year-old male with a 4/7/88 date of injury. At the time (6/14/13) of request for authorization for 4 medication sessions every 2 to 3 months, there is documentation of subjective (psychological improvement but still has residuals requiring further treatment in the areas of depression, anxiety, damaged self-esteem, anger, deep disturbance, mental confusion, and social withdrawal) and psychiatric (improved depression, improved attitudes of guarding, and less irritable) findings, current diagnoses (depressive disorder), and treatment to date (cognitive behavioral psychotherapy, biofeedback therapy, and medications (including Wellbutrin and Risperdal)). 6/14/13 medical report identifies that there will be provision of psychotropic medication evaluation and management; prescriptions will be provided as needed through the medical staff at this time; adjustments in medication will be provided according to the individual patient's needs.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 MEDICATION MANAGEMENT SESSIONS EVERY 2 TO 3 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES AND OTHER MEDICAL TREATMENT GUIDELINES FOR MEDICAL EVIDENCE: TITLE 8, CALIFORNIA CODE OF REGULATIONS SECTION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: MTUS reference to ACOEM states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of a diagnosis of depressive disorder. In addition, there is documentation that there will be provision of psychotropic medication evaluation and management; prescriptions will be provided as needed through the medical staff at this time; adjustments in medication will be provided according to the individual patient's needs. However, despite documentation that the patient is receiving psychotropic antipsychotic medications with psychological improvement, there is no documentation of a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of psychotropic antipsychotic medications. In addition, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 4 medication management sessions every 2 to 3 months is not medically necessary.