

Case Number:	CM13-0005937		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2012
Decision Date:	03/31/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 33-year-old male with a 6/1/12 date of injury. At the time of request for authorization for Thirteen (13) Additional Psychiatric Medication Management Sessions, there is documentation of subjective (anxiety, dissociative episodes with loss of mememorsi, flashbacksm, irritability, and insomnia) and objective (blunted affect, depressed and anxious mood, and limited insight and judgment) findings, current diagnoses (bipolar I disorder, severe depression without psychosis, post-traumatic stress disorder, social phobia, and panic disorder without agoraphobia), and treatment to date (cognitive behavioral therapy and antipsychotic medications). The proposed number of psychiatric medication management sessions exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

THIRTEEN (13) ADDITIONAL PSYCHIATRIC MEDICATION MANAGEMENT SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Office visits

Decision rationale: MTUS reference to ACOEM states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. 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 diagnoses of bipolar I disorder, severe depression without psychosis, post-traumatic stress disorder, social phobia, and panic disorder without agoraphobia. In addition, there is documentation that the patient is receiving antipsychotic medications necessitating a medication management visit in order to monitor the patient's progress and make any necessary modifications to the treatment plan. However, the proposed number of psychiatric medication management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Thirteen (13) Additional Psychiatric Medication Management Sessions is not medically necessary.