

Case Number:	CM13-0011734		
Date Assigned:	09/30/2013	Date of Injury:	09/25/2001
Decision Date:	01/31/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/15/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois and Texas. 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:

The patient is 42-year-old female who reported injury on 09/25/2001. The mechanism of injury was not provided. The patient's medications were noted to be: Atarax, lorazepam, Risperdal, temazepam, venlafaxine. The patient was noted to be receiving psychological treatment. The patient's diagnoses for the request were not provided. The request was made for an unknown number of medication management sessions, once every 3 months for the extended future (for the next year or more on an as needed basis).

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medication management session once every 3 months for the extended future (for the next year or more on an as-needed basis): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress Chapter, Office Visits, Online version.

Decision rationale: Official Disability Guidelines recommend the need for an office visit with a healthcare provider as individualized based on the patient's medications that they are taking that

require close monitoring and that an office visit is based on the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgement. Clinical documentation submitted for review indicated the patient was noted to be stable on the prescribed medications. It was noted the patient would not be able to cope without the medications. It was further noted that the maintenance medications would be required for the foreseeable future. However, there is a lack of documentation indicating the necessity for a medication management session once every 3 months for the extended future as there is a lack of duration. The patient frequency would need to be re-assessed as the patient condition changes. Given the above and the lack of documentation, the request for unknown medication management sessions once every 3 months for the extended future (for the next year or more on an as needed basis) is not medically necessary.