

<b>Case Number:</b>	CM13-0022949		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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 has a subspecialty in Interventional Spine 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:

The patient is a 60 YO, female with a date of injury of 6/7/07. This patient is being seen by a psychiatrist and the current request for 4 f/u visits every 6 weeks to manage this patient's medications. This request was modified per UR letter 8/23/13, and only one visitation was authorized. The treating physician hand-written note and check boxes report from 3/28/13 has anger, anxiety, appetite disturbance, depression, diminished energy, among other symptoms. Diagnoses are major depression, single episode, and moderate to severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) medication management sessions (once every six (6) weeks for twenty four (24) weeks):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

**Decision rationale:** The request for regular visitation with the psychiatrist at every 6 weeks should be allowed. This patient is on multiple medications including Ambien, Desyrel, Klonopin

and Lexapro, according to the 3/21/13 report. The MTUS guidelines support physician evaluation, examination and on-going management of injury issues. This patient suffers from major depression. Regular visitation for medication management in relation to this patient's diagnoses is recommended for authorization.