

Case Number:	CM13-0027102		
Date Assigned:	11/22/2013	Date of Injury:	04/29/2013
Decision Date:	01/13/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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 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 patient, he was working as anti-theft security at a department store. He was at the entrance of the store. Somebody was stopped while stealing. The guy charged at him, hit him in the chest and punched him on the face, breaking two teeth and having hematoma at his lower lip. He was sent to [REDACTED] and then he returned to work. He was petrified, scared to be standing in public. He was feeling that it would happen again. He almost got assaulted again. He was tormented at work and discriminated against, according to him, causing anxiety and stress. According to him, his boss does not bother about his health. He has been seeing a therapist through [REDACTED]. He was going to anger management and anxiety overview courses. He feels depressed. He has feelings of hopelessness about his health. He denies any problems with energy or concentration. No problem with appetite. No psychomotor agitation or retardation. No suicidal ideations. He has been in constant fear that he is going to get attacked again. He has been treated with various psychiatric medications including Prozac, Inderal and wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient psychotropic medication management once a month for twelve (12) months for anxiety: 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): 27, 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Section and the Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition..

Decision rationale: Recommended as determined to be medically necessary; 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 they should be encouraged. This reviewer notes that National standards of care require that the patient receives a minimum of eight meds management session over a twelve month period in order to assess the efficacy of the medications such as Prozac (an SSRI) and bupropion. Not only does this patient need two medication management visits with a psychiatrist but will need ongoing psychiatric medication management visits with a psychiatrist over time for many reasons including but not limited to monitoring the patient for safety, efficacy of medications and monitoring for adverse effects such as increased suicidal ideation. Frequent visits would be needed to assess the patient's safety, overall condition and to monitor lab tests. In addition, the prescriber would need to collaborate with the entire health care team.