

Case Number:	CM13-0027862		
Date Assigned:	11/22/2013	Date of Injury:	09/17/2008
Decision Date:	02/04/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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.

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 45-year-old female who reported injury on 09/17/2008. The mechanism of injury was not provided. The patient was noted to be compliant with their medications and felt on side effects. The patient was noted to have an engaging mood that was cooperative. The affect was noted to be appropriate. The patient's diagnoses were noted to include depressive disorder, NOS, generalized anxiety disorder, female hypoactive sexual desire, and sleep disorder insomnia. The request was made for pharmacologic management including prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacological management: 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 on the Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Office Visits Section

Decision rationale: The Official Disability Guidelines recommend office visits based on a review of the patient's medications, patient concerns, signs and symptoms and clinical stability along with the physician's reasonable judgement. The clinical documentation submitted for review indicated there was a request for a pharmacological management with a followup in 4 weeks per the office note dated 07/20/2013. The patient's affect was noted to be appropriate with

thought processes within normal limits, and engaging mood and a cooperative attitude. However, per the submitted request, the request was pharmacological management and would need clarification in order to be approved. There is a lack of documentation indicated the number of sessions being requested and frequency. The request for pharmacological management is not medically necessary or appropriate.