

<b>Case Number:</b>	CM13-0028327		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	03/15/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 expert 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 injured worker is a 39 year old woman with a date of injury of 3/15/11. She was seen on 8/20/13 by her psychiatric medical group and it was noted per checked boxes on a list that she satisfied the requirement for major depression with depressed mood, anhedonia, hypersomnia, fatigue, feelings of worthlessness, indecisiveness, and suicidal ideation without plan. Her exam showed she was anxious, angry and tearful with impaired concentration. She was said to continue to need psychotherapy to assist in dealing with depression and anxiety consequent to industrial injury and trauma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT ONCE EVERY 6 WEEKS (8 SESSIONS PER YEAR):**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 387-405.

**Decision rationale:** This injured worker has a history of depression with anxiety. The medical records of 8/20/13 request ongoing psychotherapy, but there is no explanation or documentation

of the medical necessity of medical management visits every six weeks or the actual medications taken. The medications are listed in subsequent notes and appear to be zoloft and ativan. The medical necessity of a medication management visit every six weeks is not substantiated in the medical records. As such, the request is not medically necessary.