

<b>Case Number:</b>	CM13-0030322		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Internal Medicine 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 California Medical Treatment Utilization Schedule ( MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, for patients with stress-related conditions, frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to re-assess all aspects of the stress model, including symptoms, demands, coping mechanisms, and other resources, and to reinforce the patient's the patient's supports and positive coping mechanisms. It also states that in general, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. The patient is noted to have symptoms related to anxiety, depression, and sleep concerns. The patient is currently being prescribed medications for these conditions, and the physician recommended medication management visits every six weeks. While medication management visits would be supported, the requested eight over one year would not be supported as necessity would not be able to be established after subsequent visits to determine the necessity of future visits. Therefore, the request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight medication management sessions over one 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 (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** According to California Medical Treatment Utilization Schedule ( MTUS) and the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, for patients with stress-related conditions, frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to re-assess all aspects of the stress model, including symptoms, demands, coping mechanisms, and other resources, and to reinforce the patient's the patient's supports and positive coping mechanisms. It also states that in general, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. The patient is noted to have symptoms related to anxiety, depression, and sleep concerns. The patient is currently being prescribed medications for these conditions, and the physician recommended medication management visits every six weeks. While medication management visits would be supported, the requested eight over one year would not be supported as necessity would not be able to be established after subsequent visits to determine the necessity of future visits. Therefore, the request is non-certified.