

Case Number:	CM13-0031554		
Date Assigned:	12/04/2013	Date of Injury:	04/28/2010
Decision Date:	01/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/03/2013

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 & Rehabilitation, 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 62 year old female who reported an injury on 04/28/2010. The mechanism of injury was cumulative trauma related to the performance of job duties. Resulting injuries occurred to her neck, left shoulder, low back, and right knee. As a result of the chronic pain experienced in relation to these injuries, the patient has developed depression, insomnia, GERD, and anxiety; the patient has been unable to return to work since initially seeking treatment for her injuries. The patient continues to have worsening depression. Her current diagnoses are obsessive-compulsive disorder, chronic; adjustment disorder mixed with anxiety and depression; insomnia-type sleep disorder due to pain; s/p left shoulder rotator cuff repair; and s/p right knee medial and lateral meniscectomy and complete synovectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management visits: 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 Official Disability Guidelines (ODG), Mental Health & Stress, Office Visits

Decision rationale: California MTUS and ACOEM guidelines do not address psychotropic medication management past the initial psychological evaluation and medication implementation; therefore, the Official Disability Guidelines were supplemented. ODG recommends office visits on an individualized basis, based on the patient's clinical stability, concerns, symptoms, and medication usage. The clinical records provided for review indicate that the patient has been receiving psychotherapy since 2012; however, the regularity of treatments is unclear. There are only two psychological therapy notes provided for review, and absent from those notes, are objective findings related to any improvement in the patient's depressive symptoms or efficacy of current psychotropic medications. In addition, the request does not specify how many visits are to be approved. Without documentation to show the benefit of ongoing therapeutic visits and an anticipated duration, the request for monthly psychotropic medication management visits is non-certified.