

Case Number:	CM13-0032905		
Date Assigned:	12/06/2013	Date of Injury:	03/05/2007
Decision Date:	03/25/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of March 5, 2007. A utilization review determination dated September 12, 2013 recommends modified certification of medication management sessions once every 8 weeks for 6 sessions in one year (the request was for medication management once every 6 weeks for 8 sessions in one year). A progress report dated May 9, 2013 requests appointments for major depression once every 6 weeks for one year. The note indicates that the patient has risk factors for recurrence of major depression including persistence of sub threshold depressive symptoms, severity of initial and subsequent episodes, presence of chronic general medical conditions, ongoing psychosocial stressors or impairment, and persistent sleep disturbances. The requesting physician cites APA guidelines indicating that in general, if treatment that was effective in acute and continuation phases should be used in the maintenance phase. The requesting physician has included psychiatric outpatient treatment medication management guidelines from anthem Blue Cross indicating that in the stabilized chronic patient, the physician typically sees a covered individual monthly or at least quarterly when indicated. A progress report dated May 13, 2013 includes subjective complaints indicating that the patient is doing "so-so." The note indicates that the patient's knee went out. The patient denies suicidal ideation and homicidal ideation. The note indicates that the patient is taking Wellbutrin, Zoloft, and Lunesta. Subjective emotional complaints include anxiety and depression. Objective findings included mild dysphoria, Beck Depression inventory score of 15, and Beck anxiety inventory of 24. Treatment plan indicates that the patient is stable. A note dated May 9, 2013 includes a treatment plan stating "will reevaluate in 10 to 12 weeks." A note dated October 21, 2013 indicates that the patient will be followed up by telephone in 6 weeks. A note dated October 15, 2013 indicates that the patient will be reevaluated in 6-8 weeks. A note dated March 12, 2013 recommends follow-up in 8 to 10 weeks in the office. At that time, the

patient is taking Wellbutrin, Zoloft, and Lunesta. A note dated February 28, 2013 recommends the patient be reevaluated in 10 to 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Medication Management Once Every Six Weeks; Eight Sessions For One Year: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines (ODG), Mental illness & Stress Chapter, Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain/Mental illness & Stress Chapter, Office visits

Decision rationale: Regarding the request for medication management once every 6 weeks, 8 sessions for one year, California MTUS and ACOEM guidelines do not contain criteria for this request. ODG indicates that office visits are recommended as determined to be medically necessary. The requesting physician has included anthem Blue Cross guidelines indicating that regular follow up as frequently as monthly is supported in the chronic treatment of major depression. Additionally, he has identified specific risk factors for recurrence or relapse into major depressive disorder, which are present in this patient. As such, the currently requested "medication management once every six weeks, total of eight sessions for one year" is medically necessary.