

Case Number:	CM13-0034447		
Date Assigned:	12/06/2013	Date of Injury:	10/03/2011
Decision Date:	02/07/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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 Psychiatry and Neurology, has a subspecialty in Geriatric Psychiatry and Addiction 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:

The patient is a 42 year old female sustained a work-related injury on 10/3/11. She began working as a paralegal, and experienced an undue sense of stress; she felt that her immediate superior was giving her a disproportionate work load. This resulted in her developing anxiety, tearfulness, and tension in the cervical region. She was ultimately diagnosed with cumulative trauma to the head and neck. On or about 10/3/11, the claimant presented to the hospital with symptoms of anxiety and depression; she was not admitted. Shortly thereafter (11/9/11), she developed migraine headaches and neck pain. She also developed symptoms consistent with irritable bowel syndrome. During this same period of time (2011-2012), she contacted [REDACTED] and started treatment with his group for major depression (single episode), and post-traumatic stress disorder as manifested by flashbacks, social withdrawal, nightmares, and insomnia. The patient was started on Wellbutrin XL 150mg, Ambien 10mg, Neurontin 300mg, and Xanax 0.5mg. The patient was also on Zoloft at one point in time. [REDACTED] group treated her through approximately November 2013 until authorization was terminated.

IMR ISSUES, DECISIONS AND RATIONALES

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

four medication management sessions (one every six weeks for six months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: Per the Official Disability Guidelines, the need for ongoing clinical office visits with a healthcare provider is based on the constellation symptoms, the clinical stability of the patient, and the physician's reasonable judgment. In this case, since [REDACTED] discontinuation of treatment of this patient several months ago, several factors remain unknown, such as whether or not the patient has remained on her medications, whether or not she continues to manifest signs and symptoms of anxiety and/or depression, and, if so, the severity thereof. Such information was not provided in the materials submitted for review. In the absence of such information, authorization for continuing evaluation and management for medication cannot be provided. The request is therefore denied.