

Case Number:	CM13-0037079		
Date Assigned:	12/13/2013	Date of Injury:	07/06/2010
Decision Date:	02/13/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/23/2013

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 35-year-old female who reported an injury on 07/06/2010. The mechanism of injury was stated to be that the patient was subduing a combative, aggressive patient with other colleagues. The patient was noted to be diagnosed with major depressive disorder, single episode, and moderate. The medications were noted to include Cymbalta, Elavil, Flexeril, Ultram and Voltaren XR. The request was made for 12 monthly medication management visits

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) monthly medication management visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 398-404.

Decision rationale: ACOEM Guidelines recommend that patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The patient was noted to be undergoing psychotherapy for a major depressive disorder. Clinical documentation submitted for review indicated the patient would undergo sessions for both the psychotherapy and the medication management at the same time. However, the clinical documentation submitted for review failed to support the necessity for 12 monthly medication management visits. Given the

above, and the lack of documentation of exceptional factors, the request for 12 monthly medication management visits, given the patient's medications, is not medically necessary