MAXIMUS Federal Services

Case Number:	CM13-0037671		
Date Assigned:	12/18/2013	Date of Injury:	02/17/2000
Decision Date:	03/20/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 58 year old female with date of injury of 2/17/2007. The injury was related to cumulative neck trauma due to repetitive typing job duties. The injured worker was diagnosed with herniated nucleus pulposus, stenosis and cervical disc disease. Per psychiatric progress reported dated 6/11/13, the injured worker had some benefit with the epidural steroid injection. Findings on that day included mild-moderate anxiety, mild dysphoria. She scored 32 on Becks Depression Inventory and 21 on Becks Anxiety Inventory. She was being prescribed wellbutrin 150 mg BID, celexa 40 mg, clonazepam 0.5 mg qhs and trazodone 25-50 mg po qhs. Per report from the same day, the clonazepam was being decreased on trial basis, needing re evaluation in 8-10 weeks

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of medication management: 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), Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness Chapter, Office Visits.

Decision rationale: The guidelines state that office visits are only recommended as they are determined to be necessary. The request does not specify the nature of medications that are being prescribed, frequency of visits, or duration of treatment. More information will be required to ascertain if the treatment is medically necessary.