

Case Number:	CM13-0040455		
Date Assigned:	12/20/2013	Date of Injury:	03/20/1992
Decision Date:	03/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/29/2013

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 Psychology, and is licensed to practice in Texas. 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 66-year-old female who reported an injury on 03/20/1992. The patient is currently diagnosed with major depression. The patient was evaluated on 05/07/2013. The patient reported an increase in anxiety symptoms. Objective findings included mild depression with a Beck Depression Inventory score of 32 and Beck Anxiety Inventory score of 40. The treatment recommendations included a follow up visit in 8 to 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management; once (1) every six (6) weeks for one (1) year: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Office Visits.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state frequency of follow up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The Official Disability Guidelines (ODG) state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms,

clinical stability, and reasonable physician judgement. As per the documentation submitted for review, the patient is currently diagnosed with major depression. The patient does remain on psychotropic medication. While the patient may meet criteria for medication management, the current request for followup visits every 6 weeks for 1 year is excessive in a nature and would require reassessment at each visit to determine further medical treatment. As the medical necessity for followup visits every 6 weeks for 1 year has not been established, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.