

Case Number:	CM13-0045541		
Date Assigned:	12/27/2013	Date of Injury:	05/14/2007
Decision Date:	03/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for psychological stress and depression reportedly associated with an industrial injury of May 14, 2007. Thus far, the applicant has been treated with the following: Psychotropic medications; unspecified amounts of psychological counseling; attorney representation; transfer of care to and from various providers in various specialties; anxiolytic medications; antipsychotic; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 22, 2013, the claims administrator retrospectively denied a request for 18 sessions of medication management. The applicant's attorney subsequently appealed. In a progress note of December 16, 2013, the attending provider writes that the applicant had received stipulations, administrative law judge decisions, and an Agreed Medical Evaluation (AME), all of which stated that the applicant was entitled to further treatment. In an October 4, 2013 office visit, the attending provider issues the applicant with prescriptions for Ambien, Lyrica, and Xanax. Other physicians are prescribing her with Atarax, Prozac, and Risperdal.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 sessions of Medication Management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

Decision rationale: As noted in the California MTUS-adopted ACOEM Guidelines in Chapter 15, the frequency of follow-up visits can be dictated by the severity of symptoms, whether or not the applicant was referred for further testing and/or treatment, and whether or not the applicant is missing work. In this case, the applicant is off of work, several years removed from the date of injury. She is apparently using multiple psychotropic medications. Intermittent follow-up visits with the attending provider to modify the applicant's psychotropic medication profile were indicated and appropriate. Accordingly, the request is retrospectively certified, on Independent Medical Review.