

Case Number:	CM13-0050955		
Date Assigned:	02/07/2014	Date of Injury:	08/02/2004
Decision Date:	10/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry, has a subspecialty in 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 expert 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:

Records reviewed include 17 pages of medical and administrative records. The injured worker is a 47 year old female whose date of injury is 08/02/2004, after which she developed anxiety, depression, sleep disturbance, social withdrawal, and impaired concentration and memory. Her psychiatric diagnoses are major depressive disorder, single episode severe and psychological factors effecting medical condition. The most recent PR2 provided for review is dated 6/27/12, with the same symptoms described. Treatment plan included cognitive behavioral therapy, no medications were mentioned. In a utilization review report of 10/18/13, it is noted that the patient was last seen on 10/09/13. Her symptoms at that time were anxiety, depression, decreased energy, social withdrawal, and impaired concentration and memory. Medications included Abilify, Luvox, Seroquel, and Topamax. She had had psychotherapy but the number of sessions was unknown.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT 1 TIMES 6 WEEKS FOR ONE YEAR: 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) Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits.

Decision rationale: There are no current reports or other documentation of the patient's current psychiatric status and what medications, if any, she is being prescribed. There was nothing provided to support the request for medication management. This request is therefore noncertified. MTUS does not specifically address medication management. ODG recommends as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established.