

Case Number:	CM13-0051215		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2010
Decision Date:	04/29/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 and is licensed to practice in Connecticut and New York. 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:

The claimant is a 31 year-old woman with a date of back injury of 7/27/2010 diagnosed with subsequent Adjustment Disorder with mixed anxiety and depression, Insomnia due to pain and Major Depressive disorder. Current medications include Zoloft, Ativan and Ambien. Treatment with Zoloft at least has been of benefit since 8/2011 and her mood continues to benefit from her medication regimen in terms of her being "less depressed, with less tearfulness" and now being able to sleep a few more hours a night than she had been able to. She still has symptoms of residual depressed mood, anxiety and problematic motivation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines.

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), MENTAL ILLNESS & STRESS, OFFICE VISITS. AMERICAN PSYCHIATRIC ASSOCIATION (APA) PRACTICE GUIDELINE FOR THE TREATMENT OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER, PAGE 56.

Decision rationale: The request as it is presented seems reasonable however the number of visits is not requested. Without knowing the requested number of visits the visits cannot be certified and deemed medically necessary.