

<b>Case Number:</b>	CM13-0053036		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 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:

This case involves a 41 year old patient injured 6-26-08. The patient was injured when her hand was crushed by a door. She has been treated for depression and Anxiety with Paxil 60 mg per day, Cymbalta 120 mg per day and Ambien 10 mg per day. The patient has suffered from psychotic symptoms believing that camera(s) in her computer are spying on her. Collateral information indicates that the patient has been experiencing hallucinations. The patient has been treated with Seroquel XR 50 mg at bedtime to address hallucinations and agitation. Seroquel worked well for psychosis, but was thought not to be helpful for depression and so was stopped. At issue is the medical necessity of psychiatric consultations with 8 follow up visits for medication management and optimization.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Consultations with 8 Follow Up visits For Medication Management:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness

and Stress, office

visits;<http://psychiatryonline.org/content.aspx?bookID=28&sectionID=1667485#654226>

**Decision rationale:** This patient has a complex mental illness which has required an extensive and robust list of psychiatric medications to manage. Even if the patient was only on a simple psychiatric medication regimen, the guidelines are clear that regular medication management visits with a psychiatrist are medically necessary.