

Case Number:	CM13-0057106		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2006
Decision Date:	04/03/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 Internal 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 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 patient is a 49-year-old female who reported an injury on 06/01/2006. The mechanism of injury information was not provided in the medical records. A review of the medical records reveals the patient's diagnoses include major depressive disorder severe ICD9 code 296.23, and psychological factors affecting medical condition ICD9 code 316. The most recent clinical documentation dated 10/10/2013 request for treatment authorization revealed the patient felt less motivated to be active in her life. She experienced anxiety and depression associated with work stress. Impairment ratings and apportionment had not been determined. The patient states she is irritable, angry, and withdrawn. The patient experienced some improvement in these symptoms with treatment; however, she continued to have difficulty with concentration and memory. The most recent psychotherapy progress note dated 10/01/2013 revealed the patient continued to complain of being under pressure at work. The patient sleeps 4 hours a night and states that her medications help with her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL MONTHLY PSYCHOTROPIC MEDICATION MANAGEMENT FOR SIX SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The patient has been previously certified for 3 monthly psychotropic medication management visits on 10/29/2013. There is no recent clinical documentation provided in the medical records that suggests there is a need for further evaluation for the patient. There is no documentation of any recent or new evaluations performed. Therefore, the request for Additional monthly psychotropic medication management, six (6) sessions is not medically necessary and appropriate.