

<b>Case Number:</b>	CM13-0058827		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 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 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 patient is a 42-year-old man with date of injury of 7/24/2011 when he was electrocuted. He is diagnosed with Major Depressive Disorder and Dementia due to head trauma. He presents with depressed mood, anxiety, disrupted sleep, irritability, agitation, short-term memory difficulties, stuttering as well as suicidal ideation. In addition to his psychiatric symptoms he also has been suffering from photophobia, headaches and fainting episodes since the electrocution. Current psychotropic medications include: citalopram, quetiapine, valproate and nortriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four (4) medication management visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, 56.

**Decision rationale:** The ACOEM Stress Related Conditions chapter states that the "frequency of follow up visits may be determined by the severity of symptoms whether the patient was referred for further testing and or psychotherapy and whether the patient is missing work." The ACOEM

does not specifically recommend a frequency of psychopharmacology visits for Major Depressive Disorder (MDD) and/or Dementia. According to the APA Guideline "continuation phase pharmacotherapy is strongly recommended following successful acute phase antidepressant therapy, with a recommended duration of continuation therapy of approximately 4-9 months (assuming good and consistent control of depression symptoms) ... patients who have not fully achieved remission with psychotherapy are at greater risk of relapse during the continuation phase, treatment should generally continue at the same dose, intensity, and frequency that were effective during the acute phase." According to the APA Guideline above, when a treatment plan includes medication to manage the patient's condition, there is a medical necessity for continuous medication management sessions to evaluate efficacy, side effects, and compliance. The request for 4 sessions of Medication management is thus medically necessary.