

Case Number:	CM13-0059603		
Date Assigned:	12/30/2013	Date of Injury:	06/28/2012
Decision Date:	03/24/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 Illionios and Wisconsin. 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 female who sustained an injury on 6/28/2012 and who has a diagnosis of Adjustment Disorder with Anxiety and Depression. She is on Prozac, Ativan and Restoril. Clinical information is quite limited. The patient has not been attending office visits regularly and there is no indication as to whether she has been compliant with her medication. Coverage for 6 medication management visits has been requested. Approval has been modified to include one session only. This is an independent review of the denial of coverage for 6 medication management sessions in 6 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) medication management session: Upheld

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

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

Decision rationale: ACOEM guidelines indicate that frequency of visits should be determined by factors such as need for further testing or severity of illness. In this case the treatment plans were filled out by the psychologist. The severity of illness is not known as there is no indication

of a suicide risk assessment and there is no indication of medication management and no evidence of a plan to address compliance issues. As such the data reviewed do not support medical necessity for the requested 6 monthly medication management sessions.