

Case Number:	CM13-0061177		
Date Assigned:	12/30/2013	Date of Injury:	05/18/2010
Decision Date:	09/29/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/04/2013

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 Psychologist and is licensed to practice in Texas. 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 24 year old female whose date of injury is 05/18/2010. The patient slipped and fell on some stairs at work. Agreed panel qualified medical examination dated 05/14/13 indicates that treatment to date includes epidural steroid injection, medicinal marijuana (for back injury and fibromyalgia). The patient reports that she developed panic attacks. The patient reports that Xanax helps, but she does not want to take antidepressant medication. She states that she has been seeing a psychiatrist every couple of months. She is mad about taking medications when she is supposed to. The patient's profile indicates a moderate to severe level of depression. Diagnoses are panic disorder without agoraphobia; depressive disorder nos; learning disorder nos; marijuana abuse. It is recommended that the patient receive psychotropic medications on an industrial basis for another 6 months after which medications may be attempted to be tapered off. Report of complete psychiatric evaluation dated 10/23/13 indicates that medications include hydrocodone/acetaminophen, Soma and Xanax. Diagnoses are depressive disorder and generalized anxiety disorder. The patient was recommended for at least 16 sessions of cognitive behavioral therapy and 6 sessions of psychopharmacologic medication management consults. Handwritten progress report dated 11/21/13 indicates that the patient reports she has been hurting more.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychopharmacologic medication management consultation (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Based on the clinical information provided, the request for psychopharmacologic medication management consultation (6 sessions) is not recommended as medically necessary. The patient was previously authorized for 4 sessions of medication management to allow for proper medication adjustments and monitoring given the approximate 4 weeks period that anxiety/depressive disorders respond to pharmacological treatment. There are no medication management notes submitted for review. The patient's current medication regimen is not documented. There is no clear rationale provided to support additional medication management visits at this time. Given the above the request is not medically necessary.