

Case Number:	CM13-0066234		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2006
Decision Date:	05/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This case involves a 60 year-old female with a 10/16/2006 industrial injury claim. The patient has been diagnosed with Major depression, single episode, moderate to severe, non-psychotic, chronic. According to the 8/19/13 psychiatry report from [REDACTED], the patient is in the maintenance phase of treatment for major depression. The treating physician requests follow-up visits once every 6-weeks for monitoring and management of psychotropic medications. The patient was taking Lexapro; Trazodone; Ambien; Klonopin, Seroquel, and Topamax. On 12/3/13 UR modified the request for 8 medication management sessions 1/week, to allow one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 MEDICATION MANAGEMENT SESSIONS ONCE EVERY 6 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Official Medical Fee Schedule, 1999, pg.460.

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

Decision rationale: The MTUS/ACOEM guidelines regarding follow up visits, states, "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. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work, referral to a psychiatrist for medicine therapy." Based on the medical records provided for review the patient presents with major depression and psychiatric issues and is on several psychotropic medications including benzodiazepines and sedatives. The request is reasonable and is in accordance with MTUS/ACOEM guidelines, and the generally accepted standards of medical practice. In the workers compensation system, the periodic reports (PR2) are required within 45 days. The request for 8 medication management sessions once every six weeks are medically necessary and appropriate.