

Case Number:	CM13-0066568		
Date Assigned:	01/03/2014	Date of Injury:	05/04/1994
Decision Date:	03/29/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation 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 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:

According to the records made available for review, this is a 65-year-old female with a 5/4/94 date of injury. At the time of request for authorization for 8 medical management sessions, once every six weeks, there is documentation of subjective (chronic pain, symptoms of depression, and difficulty sleeping) and objective (depression) findings, current diagnoses (major depressive disorder), and treatment to date (Cymbalta, Zoloft, Lunesta, Valium, and Alprazolam). The proposed number of medical management sessions exceeds guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 Medical Management sessions, once every 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 402.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: ACOEM guidelines states given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. (ODG) Official Disability Guidelines identifies that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to

function of an injured worker; and that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation that the patient is receiving antipsychotic medications with functional improvement. However, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 8 medical management sessions, once every six weeks is not medically necessary.