

Case Number:	CM13-0067023		
Date Assigned:	01/03/2014	Date of Injury:	01/01/2004
Decision Date:	03/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Illinois 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:

This is a 44 year old female who was injured on 1/1/2004. She was seen for a psychiatric evaluation on October 28, 2013 and major depressive disorder and anxiety disorder were diagnosed. The GAF score at that time was 55. She was hospitalized from 11/18-12/3 due to suicidal ideation. During the course of her hospital stay, ECT was initiated and continued on an ambulatory basis. Psychotropic medications include Valium, Ativan, Cymbalta and Elavil. The provider requested coverage for a total of 8 medication management sessions, 4 per month times one month and two per month times two months, between 12/5.2013 and 3/5/2014. The request was modified to 6 sessions. This is a review of the request for 8 medication management sessions from 12/5/2013-3/5/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

eight (8) psychiatric sessions for med management: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition, 2013

Decision rationale: Milliman Care Guidelines indicate 1-2 visits per week initially for patients with major depressive disorder, with 1-4 visits per month for follow up. Absent any other information to the contrary, the provider's request for 1 visit weekly for a month followed by 1 visit every two weeks for the next two months was within the standard of care as noted in the above cited evidence based best practice standard.