

<b>Case Number:</b>	CM14-0001762		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	11/22/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 case involves a 59-year-old female who was injured on 11/22/2010. She was seen by a psychologist for testing in April of 2013. The finding was Depressive Disorder NOS. Her global assessment of functioning (GAF) score was 61. The recommendation was 15 sessions of cognitive behavioral therapy (CBT) and a medication evaluation. Evidently she commenced the therapy in the fall. The only mental health records available for review are a copy of the aforementioned psychological testing and the progress note from her first psychotherapy session dated 11/12/2013, at which time she endorsed symptoms of sleeplessness, agitation, sadness, social isolation and increased appetite. A two (2) week follow-up was recommended, but it is not known if the patient followed up. It appears that reimbursement for medication management has been denied. CPT codes in question are 99214, 98943, 98940 and 97250 even though the latter three (3) are for chiropractic procedures

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychiatric Medications Management 99214, 98943, 98940 and 97250:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388.

**Decision rationale:** The information is extremely limited and there is no evidence in the record that psychotropic medications are being prescribed. The MTUS/ACOEM Guidelines indicate that "the majority of patients with stress-related conditions will not have red flags and can be safely and effectively managed by occupational or primary care physicians". The guidelines also indicate that "medications generally have a limited role" and that "Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis". There is no evidence of a "red flag" such as suicidal or homicidal ideation in this case and no indication of a diagnosis of Major Depression or presence of psychotic symptoms. The data reviewed therefore fail to establish medical necessity for Psychiatric Medications Management according to the ACOEM guidelines.