

Case Number:	CM14-0007277		
Date Assigned:	02/07/2014	Date of Injury:	05/15/2010
Decision Date:	07/16/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/16/2014

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 Psychiatry 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 is a 50-year-old female with a 5/15/10 date of injury due to psychiatric symptoms while working as a nurse. The patient is noted to have been put on psychotropic medications, started psychotherapy and biofeedback in 2011, and has had ongoing care since. The patient was diagnosed with Major Depressive Disorder, and Anxiety. She has been under psychiatric care since and was made totally temporarily disabled on several occasions, most recently in November 2013. The patient was seen on 11/15/13 with complaints of depressed mood, anxiety, sleep disturbance, social withdrawal, irritability, tearfulness, memory and concentration impairment, anhedonia, and lower self-confidence. Exam findings revealed the patient's psychiatric condition did not improve that much. The patient's symptoms were noted to have persisted. Weekly psychotherapy and monthly medication management was recommended for the next two months. The patient was taking Clonazepam and Effexor. A Utilization Review decision dated 1/16/14 modified the request for medication management visit quarterly, 1 time every 3 months for 1 year, for a total of 4 visits to 1 visit. The specific reasons for the Utilization Review decision were not included in the medical reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION MANAGEMENT VISIT QUARTERLY 1 TIME EVERY 3 MONTHS FOR 1 YEAR, FOR A TOTAL OF 4 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398-404.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Illness Chapter-Antidepressants for treatment of major depressive disorder.

Decision rationale: This is a 50 year old female with an ongoing history of severe depression and anxiety who has been under psychiatric care for several years. She has multiple failed return to work attempts secondary to these issues, and has been declared temporarily totally disabled several times, most recently in November 2013. The patient has been on pharmacologic therapy during this time, however her psychiatric symptoms have not improved significantly. Given the severity of her psychiatric condition, medical management for her pharmacologic psychiatric treatment is reasonable. The request was modified for one visit, for which she can be reassessed for future visits. Thus, the request as submitted was not medically necessary.