

Case Number:	CM14-0007293		
Date Assigned:	02/10/2014	Date of Injury:	01/08/2010
Decision Date:	06/23/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/20/2014

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 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 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:

The patient is a 63 year old male who was injured in January of 2010. The patient is being treated for Major Depressive Disorder and is on Wellbutrin 100 mg at hs as well as trazodone 25 mg at hs. On 10/24 of last year 4 follow up sessions for psychiatric follow up were certified. On 11/2 a progress report indicated that the patient was cooperative, engaging and compliant. A request was made for coverage for Wellbutrin 100 mg, trazodone 25 mg, pharmacological management follow up with a psychiatrist and Pharmacological management follow up. The requests were approved with the exception of the the "pharmacological management follow up". This represents an appeal of the denial of coverage for pharmacological management follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACOLOGICAL MANAGEMENT FOLLOW UP PER 11/2/2013 NOTE. QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The request is vague and appears to be redundant to care which has already been certified (4 psychiatric consultation follow up visits and 1 pharmacological management

follow up with a psychiatrist). The records submitted do not document any specific plan or rationale for the request in view of the apparent redundancy. The records seem to indicate that the patient is stable and the need for frequent medication monitoring is not apparent. The above cited guideline indicates that "It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than six to eight weeks". The progress report from 11/2/2013 does not indicate any significant symptoms or side effects from medication and the patient appears to be stable. The request is not medically necessary and appropriate.