

<b>Case Number:</b>	CM14-0100571		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Occupational Medicine, and is licensed to practice in Illinois. 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 injured worker is a 53-year-old man who injured his back at work while lifting on Sept 20, 2004. He had been diagnosed with displacement of the thoracic ad lumbar intervertebral disc without myelopathy, a lumbar sprain and strain, major depressive disorder, spinal stenosis of the lumbar region with neurogenic claudication, and thoracic and lumbosacral neuritis/radiculitis. He continues to have low back pain despite some improvement with acupuncture. He states he has "a lot of pain in my knees and back."

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Monthly Psychotropic Medication Management & Treatment X 6 Sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Vargas-Huicochea I, Huicochea L, Berlanga C, Fresán A. Taking or not taking medications: psychiatric treatment perceptions in patients diagnosed with bipolar disorder. J Clin Pharm Ther. 2014 Sep 24. 2. Smolowitz J, Speakman E, Wojnar D, Whelan EM, Ulrich S, Hayes C, Wood L. Role of the registered nurse in primary health care: Meeting health care needs in the 21st century. Nurs Outlook. 2014 Aug 15. 3. Lagerin A, Carlsson AC, Nilsson G, Westman J, TÅrnm

**Decision rationale:** Medication management sessions are not addressed in Chronic Pain Medical Treatment Guidelines, Official Disability Guidelines, or American College of Occupational and Environmental Medicine Guidelines. The injured worker is on a number of medications; however, the primary treating physician prescribing these medications is obligated to counsel the injured worker as to the proper use of these medications. The injured worker has had medication management sessions in the past and no information is provided as to the utility of those sessions and why the injured worker needs additional sessions if the medications have not changed. The request is therefore non-certified.