

Case Number:	CM14-0104057		
Date Assigned:	07/30/2014	Date of Injury:	04/02/2009
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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:

The injured worker is a 62 year old female who was injured work on April 2, 2009. The mechanism of injury is not specified in the accompanying documentation. She is diagnosed with Major Depression. According to the April 01, 2014 progress report the injured worker continues to experience depressive symptoms, and is tearful, although she is sleeping better. The injured worker is prescribed the psychotropic medications Prozac, Ativan and Ambien. She has been taking these medications for the past two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management and Treatment, 1 Session per Month for 6 Months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Mental Illness & Stress, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Office visits.

Decision rationale: MTUS is not applicable. The Official Disability Guidelines indicates that psychiatric medication management is an important component of the overall treatment plan for individuals suffering from depression secondary to chronic pain. The frequency and duration of sessions is determined by the severity of symptoms, referral for testing, missed time from work, the need for medication adjustments, and adverse side effects. The injured worker is diagnosed with Major Depression and is prescribed a combination of psychotropic medications which she has been taking for the past two years. This medication combination does require monitoring by a psychiatrist. Therefore the provision of two to three monthly psychotropic medication management sessions would be appropriate. However, subsequent follow-up appointments may not require once a month monitoring, but instead once every 2 - 3 months depending on the injured worker's symptom response, so that the request for 6 sessions once a month is premature at this time, and not medically necessary for that reason.