

Case Number:	CM14-0104088		
Date Assigned:	09/24/2014	Date of Injury:	06/04/1997
Decision Date:	10/24/2014	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 Physical Medicine and Rehabilitation 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 reported an injury on 02/28/1997. The mechanism of injury was not submitted for clinical review. The diagnoses included major depressive disorder, psychological factor associated with disease, fibromyalgia, chronic pain syndrome. The previous treatments included medication. Within the clinical note dated 04/01/2014, it was reported the injured worker complained of being severely depressed and tearful. She reported the inability to sleep any more than 4 to 5 hours per night. Upon the physical examination, the provider noted the injured worker had been taking medications for approximately 4 years. The medication regimen included Wellbutrin, Ativan, Ambien, and Atarax. The request submitted is for monthly psychotropic medication management and treatment, 1 sessions per month for 6 months date of service 06/11/2014. The Request for Authorization was submitted and dated 04/01/2014.

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 one session per month for six months date 06/11/2014: 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 and Stress, Office Visits

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405..

Decision rationale: The request for Monthly psychotropic Medication Management and Treatment One Session per month for Six Months Date 06/11/2014 is not medically necessary. The California MTUS/ACOEM Guidelines note frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The visits allow the physician and the patient to reassess all aspects of stress model symptoms, demands, coping mechanisms, and other resources, and to reinforce the patient's support and positive coping mechanisms. Generally, patients with stress related complaints can be followed by a midlevel practitioner every few days for consulting about coping mechanism, medication use, activity modification, and other concerns. These interactions may be conducted either onsite or by a telephone to interfering with modified or full duty work if the patient has returned to work. Followup by a physician can occur when a change in duty status is anticipated, modified, increased or full duty, or at least once a week if the patient is missing work. There is lack of documentation indicating the injured worker's previous psychotropic medication management sessions. The clinical date of service submitted in the request dated 06/11/2014 was not submitted for clinical review warranting the medical necessity of the request. Therefore, the request is not medically necessary.