

<b>Case Number:</b>	CM14-0109552		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/06/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 licensed 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:

Injured worker is a 31 year old male with date of injury 02/06/2011. Date of the UR decision was 06/18/2014. The injury occurred when he slipped on a plastic merchandise sign, which resulted in him striking his head, losing consciousness, and falling down a set of stairs. Per report dated 1/15/2014, he presented with symptoms of depression, anger, avolition, anhedonia, social withdrawal, weight gain, sleep disturbance, attention and concentration deficits, and hopelessness. He scored 10 on Beck Hopelessness Scale indicating moderate levels of hopelessness; scored 58 on Beck Depression Inventory (severe depression); 19 on Beck Anxiety Inventory indicating moderate range of anxiety. He was diagnosed with Major Depressive Disorder, Single Episode, Moderate and Pain Disorder Associated with a General Medical Condition. Per Psychiatrist report dated 1/27/2014, he was being prescribed Remeron 30 mg,#30 at bedtime, Clonidine 0.2 mg one in the morning, one in the afternoon and three at bedtime and Klonopin 0.5 mg twice daily. Per the Psychiatrist report, she was diagnosed with Major Depressive Disorder, Single Episode, Moderate; Sleep Disorder Due to Pain and Depression and Male Hypoactive Sexual Desire Disorder Due to Pain and Depression. Per report dated 2/25/2014, the dose of clonidine was slightly changes, rest medications were continued the same.per letter dated 3/11/2014, it was suggested the the injured worker was severely depressed and had difficulty sleeping. It was suggested that there was a court hearing, and the injured worker had eight therapy sessions approved. Per report dated 4/10/2014, she was being prescribed Bupropion XL, Clonidine, Klonopin and Mirtazapine was discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four psychiatric consultations.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress Chapter

**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, Office visits Stress related conditions

**Decision rationale:** ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible."The injured worker has been in treatment with a Psychiatrist and has been prescribed Bupropion XL, Clonidine, Klonopin per report dated 4/10/2014. Mirtazepine was discontinued at that visit. The records suggest that he has been having monthly medication management visits. However, the need for close monitoring is not clinically indicated. Medications such as Klonopin are not indicated for long term use even if they are continued at low doses. The request for Four psychiatric consultations are not medically necessary.