

Case Number:	CM14-0018618		
Date Assigned:	04/18/2014	Date of Injury:	11/14/2003
Decision Date:	07/02/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/13/2014

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 patient is a 55 year old female with date of injury 11/14/2003. The date of UR decision is 1/28/2014. The injury resulted in back and right knee pain but the mechanism is unknown. The records from 11/27/2013 indicate that the injured worker has been prescribed Effexor XR 225 mg a day and Trazodone 50 mg PO QHS. PR from 1/6/2014 lists the subjective complaints as "Back and R knee pain affecting her sleep and depression". Objective findings are "Low energy due to depression and insomnia". PR from 3/26/2014 indicated that the medications are helping with low mood and anxiety as she has been attending psychotherapy and taking medications. The injured worker was diagnosed with Major Depressive disorder, single episode, moderate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHIATRIC MEDICATION MANAGEMENT SESSION ONCE A MONTH FOR SIX MONTHS QUANTITY: 6: 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: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness, Office Visits, Stress Related Conditions.

Decision rationale: The injured worker was last seen on 3/26/2014, progress report from that visit indicated that the medications are helping with low mood and anxiety since she has been attending psychotherapy and taking medications. The current psychotropic medications include Effexor XR 225 mg and Trazodone 50 mg QHS. The injured worker seems to be doing better with the current medications based on the progress report. There is no indication as to why she would need monthly medication management visits x 6. The stated request is excessive and medical necessity cannot be affirmed at this time.