

Case Number:	CM14-0113427		
Date Assigned:	08/01/2014	Date of Injury:	04/23/2009
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/18/2014

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 Child & Adolescent 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 72 year old female who was injured at work on April 23, 2009. The injured worker suffered an unspecified industrial injury. She was referred for cervical spine and carpal tunnel surgeries, but declined. The injured worker developed symptoms of depression secondary to chronic pain, which included depressed mood, loss of interest, low energy, irritability, anger, and insomnia. A diagnosis of Major Depression is noted. The injured worker was prescribed the psychotropic medications Prozac and Lunesta.

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 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 and Stress Chapter, 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 ODG indicates the psychiatric medication management is an important component of an overall treatment plan for individuals suffering from Major Depression. The frequency and duration of sessions is determined by the severity of symptoms, the need for medication adjustments, if a referral for testing is needed, if there are missing days of work, and for adverse side effects. The injured worker is diagnosed with Major Depression. She is prescribed a combination of psychotropic medications which do require ongoing psychiatric medication management. However, the request for 6 visits with a once a month frequency is somewhat premature at this stage in treatment, because after the first 2 - 3 visits, the clinical symptoms may improve significantly, which would mean that subsequent once a month follow-up appointments might not be medically necessary, but instead a 2 or 3 month follow-up could be more appropriate. The request is therefore not medically necessary on this basis.