

<b>Case Number:</b>	CM14-0129683		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	01/30/2013
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 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:

Injured worker is a 55 year old male with date of injury 1/30/2013. Date of the UR decision was 8/6/2014. Report dated 6/21/2014 suggested that he reported feeling slightly better, less depressed. However it was stated that he continued to report depressed mood, anxiety, anhedonia, loss of libido, indecisiveness, decreased concentration/memory, poor self-esteem, worthlessness, low energy/fatigue, fear of driving a bus, de-realization, visual hallucinations. He was given the diagnosis of Anxiety disorder not otherwise specified with post-traumatic stress disorder; depressive disorder not otherwise specified and insomnia related to anxiety and depression. He was tapered off the Remeron at that visit and Zoloft 100 mg at bedtime was continued for depression and anxiety. Individual cognitive behavior therapy was recommended to be continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medicine Management 1 x monthly 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, Integrated Treatment,/Disability Duration Guidelines for Mental Illness and 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, 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. "Report dated 6/21/2014 suggested that injured worker was being treated for anxiety disorder not otherwise specified with post-traumatic stress disorder; depressive disorder not otherwise specified and insomnia related to anxiety and depression. Per that progress report, he was tapered off the Remeron at that visit and Zoloft 100 mg at bedtime was continued for depression and anxiety. The injured worker is not on medications that require close monitoring requiring monthly visits for 6 sessions. The request for medicine management 1 x monthly for 6 months is excessive and not medically necessary.