

Case Number:	CM14-0161595		
Date Assigned:	10/13/2014	Date of Injury:	12/12/2011
Decision Date:	11/20/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/01/2014

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 60 year old male with date of injury 12/12/2011. Date of the UR decision was 9/30/2014. Mechanism of injury was being a victim of a motor vehicle accident in which a driver ran a red light swerving around 2 cars. He encountered orthopedic injuries secondary to the trauma. Report dated 8/1/2014 indicated that he had not been seen since 10/10/2013 due to lack of insurance co-authorization. He reported being very depressed and tearful. It was suggested that he had been taking Restoril prescribed by an orthopedic physician. He was diagnosed with Major depressive disorder, recurrent, unspecified; Insomnia type sleep disorder due to pain and male hypoactive sexual desire disorder due to pain. He was being prescribed Prozac 20 mg a day for major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown monthly psychotropic medication management visits: 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

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 submitted documentation suggests that the injured worker has been diagnosed with Major depressive disorder, recurrent, unspecified; Insomnia types sleep disorder due to pain and male hypo-active sexual desire disorder due to pain. He is being prescribed Prozac 20 mg a day for major depression. He is not on medications that would require close monitoring. The request for Unknown monthly psychotropic medication management visits is not medically necessary.