

<b>Case Number:</b>	CM14-0168971		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	03/07/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Texas. 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 48 year old female with a date of injury on 3/7/2013. The injury in question is entirely psychological and appears to be tied to a single episode of sexual harassment. Consequently, she has demonstrated a mixture of depressive symptoms consistent with the diagnosis of major depression. She also has post traumatic stress syndrome as well as hypothyroidism. She has received ongoing medication management from a psychiatrist and there is a request for continuation of this service. The request is for medication management visits every two weeks for six months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management with Psychiatrist QTY: 12.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physician evaluation Page(s): 8-9. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** Per the Medical Treatment Utilization Schedule guidelines, injured workers with serious psychiatric disorders, which would include major depression, should undergo an initial assessment by a psychiatrist to ensure optimal treatment. The Medical Treatment Utilization Schedule does not establish a set number of psychiatric visits for medication management nor a recommended frequency beyond the judgment of the clinician. However, monthly medication management intervals meet the professional standards. The American College of Occupational and Environmental Medicine also recommends mental health treatment in cases where psychotropic medication is indicated. Thus, the psychiatric medication management is not in question. The denial is based upon the premise that the injured worker has shown some improvement with the current medication regimen which may lead to a conclusion of treatment prior to twelve months of monthly visits. It is at least likely that with continued management of pharmacotherapy for the proposed modification of six visits, the sessions can be reduced in frequency. Moreover, a medication management program would rarely require assessments as frequently as every two weeks, especially in light of additional ongoing psychotherapy. Based upon the provided clinical information and applying the Medical Treatment Utilization Schedule guidelines, the service under review is not medically necessary.