

<b>Case Number:</b>	CM14-0174355		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/10/2003
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 59 year old female with date of injury 7/10/2003. Date of the UR decision was 10/10/2014. Mechanism of injury was identified as an industrial motor vehicle accident (MVA). Report dated 4/2/2013 listed diagnosis of Post-traumatic Stress Disorder, Major Depressive Disorder and Pain Disorder Associated with both Psychological Features and General Medical Condition. She was being prescribed Zoloft 100mg daily and Abilify 2mg at bedtime. Report dated 9/25/2014 listed her subjective symptoms as depression, anxiety, flashbacks, chest pain, stomach pain, shakiness, lower back pain, bilateral hand pain, insomnia, lack of motivation, waking up crying, appetite disturbance, loss of libido, social withdrawal, nervousness, worry, fear, tension, fatigue, low energy, excessive crying spells, residual pain in her right shoulder and bade area, pain in the tips of her fingers on her right hand radiating into her right arm and the right side of her neck. The injured worker is being treated for orthopedic injury, psychological injury and bruxism.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Medication Management Sessions for Psychological Treatment over 3 Months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 402.

**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." It has been suggested that the injured worker has been in Psychiatric treatment in the past and was being prescribed Zoloft 100 mg daily and Abilify 2 mg at bedtime according to report dated 4/2/2013 which listed diagnosis of Posttraumatic Stress Disorder, Major Depressive Disorder and Pain Disorder Associated with both Psychological Features and General Medical Condition. It is to be noted that the UR physician authorized one medication management which is clinically indicated based on the current symptoms. The request for Three (3) medication management sessions for psychological treatment over three (3) months is not medically necessary.