

<b>Case Number:</b>	CM14-0176534		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	01/08/2001
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 57 year old female with date of injury 1/8/2001. Date of the UR decision was 9/26/2014. It was reported that she was at a cash register, when a man with a pistol appeared asking her for money. She gave him what was in the cash register, at which point he threatened to kill her if she did not give him more money. Per report dated 8/19/2014, she complained of increased lower back pain, decreased mobility, and feeling helpless and frustrated over her current state. Objective findings included appearing in a distressed state and agitated due to elevated pain levels, and grimaced throughout session. She was also noted having difficulty ambulating. It was suggested that she was being prescribed Paxil 50 mg daily, Seroquel 25-50 mg at bedtime and Ativan 0.5 mg 1-2 times daily. She was being treated for diagnosis of post-traumatic stress disorder and major depression disorder, single episode, severe without psychotic features.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Psycho Pharmacology Management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**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 prescribed Paxil, Seroquel and Ativan for the management post-traumatic stress and major depressive disorder. The treating provider has recommended 1 office visit per month over 3-months. Certain medications like Ativan are not recommended for more than 4 weeks per guidelines. The injured worker has been stabilized on the same treatment for some time and does not need close monitoring. It is to be noted that the UR physician authorized for one visit. The request for 3 Psycho Pharmacology Management is excessive and not medically necessary.