

<b>Case Number:</b>	CM14-0181277		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 44-year-old male with an injury date of 06/07/2011. Based on the 07/29/2014 progress report, the patient has a depressed mood with anhedonia, poor concentration, poor attention, and poor memory. He has an increased appetite and weight gain. The patient feels worthlessness, has guilt feelings, has low energy and fatigue, irritability/anger, hopelessness/helplessness, and anxiety. The patient is noted to be impaired, understands some of the symptoms of mental illness, but has poor understanding of the need for psychopharmacological treatment. The patient is diagnosed with the following: 1. Major depressive disorder, single episode, severe with psychotic features. 2. Pain disorder associated with both psychological factors and a general medical condition. 3. Insomnia. 4. Chronic pain. 5. Physical injury; disability; financial hardship. The utilization review determination being challenged is dated 10/06/2014. There was one treatment report provided from 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Med management monthly: 6 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Independent Medical Examinations and Consultations, Chapter 7, page 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Chapter 7, page 127.

**Decision rationale:** According to the 07/29/2014 progress report, the patient presents with a depressed mood with anhedonia, poor concentration, poor attention, poor memory, worthlessness/guilt feelings, irritability/anger; hopelessness/helplessness, and anxiety. The request is for medication management monthly, 6 visits. The rationale was that the patient was receiving medication from a psychiatrist and medication management visits would be considered inappropriate for the purpose of determining efficacy of medications. Six sessions appeared to be extensive and the patient does not require such frequent follow-ups. ACOEM, page 127, states "The occupational health practitioner may refer to other specialists if a diagnosis is not certain or extremely complex, when psychosocial factors are present, and when the plan or course of care may benefit from additional expertise." MTUS page 8 also require that the provider provide monitoring of the patient's progress and make appropriate recommendations. To provide monitoring, monthly visitation is required. This patient suffers from chronic pain and 6 months of f/u visitations for medication management appears reasonable. Therefore, this request is medically necessary.