

Case Number:	CM14-0027208		
Date Assigned:	06/20/2014	Date of Injury:	11/01/2011
Decision Date:	08/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/25/2014

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:

The injured worker is a 44 year old female with date of injury 11/1/2011. Date of the UR decision was 1/16/2014. She had a Staph infection resulting in right mandible osteomyelitis s/p surgical debridement. She has also had treatment with antibiotics. Psychiatric Progress Report dated 6/3/2013 stated that she still felt depressed, had crying episodes, lunesta was noted to be helpful with sleep. She was diagnosed with Post Traumatic Stress Disorder, chronic; Panic disorder without agoraphobia and Major Depressive disorder single episode, moderate. Medications being prescribed for her symptoms were Lunesta 3 mg nightly, Prozac 40 mg daily and Klonopin 2 mg twice daily. Report dated 7/2/2013 indicated that she was switched to Ativan 2 mg twice daily instead of the Klonopin and the Prozac dosage was continued. Report dated 8/1/2013 suggested that she felt better, was less depressed and anxious. Report dated 9/3/2013 indicated subjective complaints of severe depression, fear, pain and discouragement. Report dated 10/1/2013 indicated that she was still slightly depressed and anxious, her sleep was disrupted but she found the medications helpful. Specifier for diagnosis of Major Depressive disorder was changed to severe degree, rest diagnosis remained the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 MEDICATION MANAGEMENT /SESSIONS OF PSYCHOTROPIC MEDICATION MANAGEMENT OVER 6 MONTHS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness,.

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: 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 injured worker has ongoing symptoms of depression, anxiety, insomnia secondary to the industrial injury. She is continued on Prozac 40 mg daily and ativan 2 mg twice daily. Due to the severity of the psychiatric symptoms and to monitor the response to the psychotropic medications being prescribed. The request for 3 medication management sessions over 6 months is medically necessary.