

Case Number:	CM14-0030509		
Date Assigned:	06/20/2014	Date of Injury:	04/07/2009
Decision Date:	08/11/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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:

This is a 46 year old male injured worker with date of injury 4/7/2009. Per 1/14/2014 note, the injured worker reported depressed mood with anhedonia and loss of libido, poor concentration, attention and memory, decreased appetite, feelings of worthlessness, low energy, fatigue, irritability and anger, episodic suicidal ideation without a plan or intent to kill or hurt himself. Objectively, he demonstrated impaired judgment, impaired memory, and lost the line of the interview episodically, requiring repetition of the questions and redirection. He is status post right medial meniscectomy/ACL repair/chondroplasty on 4/21/10. Post operative treatment included physical therapy and psychology. Axis I diagnoses include major depressive disorder, single episode, moderate; insomnia related to major depressive disorder; alcohol abuse. His GAF was 56. Per 3/21/14 progress note, his treatment plan included Effexor XR 150mg every morning, Trazodone 150-200mg every night, and continuing group therapy for depression and insomnia. The date of UR decision was 2/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 & Stress, Office Visits.

Decision rationale: Per the ODG, office visits are recommended as determined to be medically necessary. 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 health care system through self care as soon as clinically feasible. As the request does not specify the number of medication management visits requested, or the goals of treatment, the current request is not medically necessary and appropriate.