

Case Number:	CM14-0031584		
Date Assigned:	06/20/2014	Date of Injury:	07/02/2009
Decision Date:	08/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/12/2014

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:

59 year old male injured worker with date of injury 7/2/2009 with related low back pain that radiated down into the bilateral feet. Per 1/2/2014 progress report, the injured worker reported being quite depressed and tearful. He was sleeping 6-7 hours per night. He had been taking his medication for more than two years. The diagnostic impression included major depressive disorder, insomnia type sleep disorder, and psychological factors affecting medical condition. The documentation submitted for review does not state whether psychotherapy was utilized. His medications included Lunesta, hydroxyzine HCL, bupropion Hcl SR, terazosin, Cialis, Advil, Tylenol, Ibuprofen, Neurontin, Norco, and Soma. The date of UR decision was 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotropic Medication Management One Session Per Month For Six 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.

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: The MTUS is silent on psychiatric medication management. Per ODG TWC: Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible. Review of the submitted documentation supports the request. Considering the chronic nature of the injured worker's depression, the request is medically necessary.