MAXIMUS Federal Services

Case Number:	CM14-0047477		
Date Assigned:	07/02/2014	Date of Injury:	12/24/2008
Decision Date:	07/31/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/13/2014

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 Licensed in Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 41-year-old who was injured in December of 2008, when apparently he was a victim of an armed robbery at work. Current psychotropic medications include Topomax, Cymbalta, Buspar, Ativan, Neurontin and Remeron. The patient had been on Amphetamine but this was discontinued in April of this year. Diagnoses include Major Depression and PTSD (post traumatic stress disorder). He had apparently returned to work full time but has since reduced his hours. His most recent score on the BDI was 48 and the BAI was 43, at the time of the last documented visit in April. The provider is requesting coverage for 8 medication management sessions every eight weeks. The request has been modified to one medication management session. This is an appeal of the denial of the original request for coverage for 8 medication management sessions every eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management sessions, eight sessions every eight weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, mental illness &stress.

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

Decision rationale: The above cited reference indicates that frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. The patient is diagnosed with Major Depressive Disorder, Single Episode, Severe, which is complicated by a comorbid diagnosis of PTSD. His scores on the BDI indicate the continued presence of severe depressive symptoms. Furthermore medication adjustments are being made to address changes in his psychiatric and medical condition as evidenced by the discontinuation of Amphetamine in response to the finding of a cardiac arrhythmia, and it appears that he is missing work. Given the complexity of the patient's condition, severity of reported symptoms, the fact that he is missing work and the presence of a comorbid medical condition, the request for continued medication management sessions appears to be reasonable and medically necessary to address the severity of symptoms as indicated by current clinical research, evidence based best practice standards and expert consensus as set forth in the ACOEM. The request for medication management sessions, eight sessions every eight weeks is medically necessary and appropriate.