

Case Number:	CM14-0048656		
Date Assigned:	06/25/2014	Date of Injury:	08/21/2012
Decision Date:	07/23/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/27/2014

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 request is for a 39 year old female with a date of injury 8/21/2012. The date of UR decision was 3/4/2014. Mechanism of injury was listed as abuse and harrassment from supervisor at work. The response to the UR denial was dated 02/12/2014 was reviewed. Report from 12/2/2013 lists objective complaints as obsession and worry. Objective findings were sadness, anxiety. The reports mentions that she is in need of onging services. It stated that she is being prescribed Prozac 10 mg in the morning, Ativan 0.5 mg two times a day and Ambien CR 5 mg at bedtime. Report from 8/20/2013 lists the subjective complaints as depressed, tearful, anxious with suicidal thoughts without a plan. The diagnosis listed are Major Depressive disorder, single episode, moderate and Psychological factors affecting medical condition. Report from 5/29/2013 lists subjective complaints as anxiety, depression, sleep disorder, nightmares, irritability, anger social withdrawal, tearfulness, low self esteem, inability to concentrate and forgetfulness.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions, once monthly for psychotropic medication management.: Overturned

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

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: Most recent Psychiatrist Progress Report dated 12/2/2013, lists objective complaints as obsession and worry. Objective findings were sadness, anxiety. The reports mentions that she is in need of ongoing services. It stated that she is being prescribed Prozac 10 mg in the morning, Ativan 0.5 mg two times a day and Ambien CR 5 mg at bedtime. The prior Progress report dated 8/20/2013 lists the subjective complaints as depressed, tearful, anxious with suicidal thoughts without a plan. The injured worker continues to experience psychological symptoms related to the industrial injury despite having received multiple psychotherapy and medication management sessions. The primary provider suggests ongoing treatment. ODG states "Office visits: 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." Therefore, the request for 6 medication management sessions is deemed medically necessary at this time.