

Case Number:	CM14-0048736		
Date Assigned:	06/25/2014	Date of Injury:	08/28/2002
Decision Date:	08/15/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/24/2014

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 Internal and Emergency Medicine and is licensed to practice in Florida. 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 patient is a 60 year-old with a date of injury of 08/28/02. Progress reports show that the patient has been treated for anxiety and depression during 2013. A note, dated 01/28/14, stated that the patient was in the maintenance phase for treatment of depression with medications. Diagnoses included major depression. Treatment has included a number of antidepressants. Request is for a monthly follow-up for six months. A Utilization Review determination was rendered on 03/05/14 recommending non-certification of 6 medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 6 medication management sessions: 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 AND STRESS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions & Treatment Page(s): 11. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Office Visits.

Decision rationale: The Official Disability Guidelines (ODG) state that: 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. They note that patient conditions are extremely varied and that a set number of office visits per condition cannot be reasonably established. However, they do further state that 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. MTUS Guidelines state that there is no set visit frequency, and that it should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. As such, the request is medically necessary.