

Case Number:	CM14-0056905		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2011
Decision Date:	08/18/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 Adult 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 now 38 year old female who was injured in May of 2011. The patient has a diagnosis of Major Depressive Disorder, Single Episode. She is on Celexa 10 mg daily and Lunesta 2 mg daily. She has been on these medications for some two years. In addition to the medications the patient is receiving psychotherapy. The provider is requesting coverage for 6 monthly psychotropic medication management sessions. The previous reviewer modified the request to coverage of only one session.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management one session per month for six months (6):
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Mental Illness and Stress, Office Visits.

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

Decision rationale: The above indicates that frequency of visits depends on severity of symptoms, whether the patient has been referred for therapy and whether the patient is missing

work. The MTUS guidelines recommends that follow up with a physician can occur at least once (per)week if the patient is missing work. While the patient is stable, the data reviewed indicate that the patient has remained off work. Hence 6 monthly medication managements are consistent with the evidence based guidelines set forth in the ACOEM Guidelines. As such, the request for Monthly Psychotropic Medication Management one session per month for six months (6) is not medically necessary and appropriate.