

Case Number:	CM14-0066866		
Date Assigned:	07/11/2014	Date of Injury:	07/22/2002
Decision Date:	11/10/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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:

Injured worker is a 61 year old male with date of injury 7/22/2002. Date of the UR decision was 4/30/2014. He encountered left knee injury after he got down on his knees and sat back on his heels while working while at work. Progress Report dated 5/8/2014 listed the diagnosis of Major Depressive Disorder, Single Episode, Moderate. He underwent psychological testing; his scores on the Beck inventories suggested severe levels of depression and anxiety. On the Suicide Probability Scale, his score suggested a severe risk of suicide. His current medications per that report included Zoloft 100 mg, 1 tab every day; Ambien CR 12.5 mg, 1 to 2 tabs at bedtime; and Atarax, 25 mg, 1 tablet at bedtime. Progress report date 2/13/2014 suggested that his pain and depression were worse and he was noted to be tearful and had been maintained on Zoloft 100mg, Ambien CR 12.5mg and Atarax 25mg for insomnia for the last five years.

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:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): page 398-404, Chronic Pain Treatment Guidelines Page(s): page 101.
Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress, Cognitive Behavioral Therapy

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: Official Disability Guidelines (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. The determination is also based on what medications the patient is taking, since some medicines 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 the health care system through self-care as soon as clinically feasible. "Progress Report dated 5/8/2014 listed the diagnosis of Major Depressive Disorder, Single Episode, Moderate and he was continued on Zoloft 100 mg, 1 tab every day; Ambien CR 12.5 mg, 1 to 2 tabs at bedtime; and Atarax, 25 mg, 1 tablet at bedtime. Since the injured worker has been continued on the same medications for the last over 5 years and he is not on any medications that will continue to require such close monitoring needing once monthly follow up visits, such as The request for Monthly Psychotropic Medication Management, one session per month for six months is excessive and not medically necessary.