

Case Number:	CM14-0069821		
Date Assigned:	07/14/2014	Date of Injury:	03/19/2009
Decision Date:	09/15/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/15/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 52-year-old female with a 8/1/99-3/19/09 date of injury. At the time (10/28/13) of request for authorization for Monthly Psychotropic Medication Management 1 Session Per Month for 6 Months, QTY: 6.00, there is documentation of subjective (patient still depressed, tearful but less than before, sleeps 6 hours a night, and says medications help her) and objective (not specified) findings, current diagnoses (major depressive disorder, single episode, moderate and psychological factors affecting medical condition), and treatment to date (medications (including ongoing treatment with Zoloft for four years)). 5/28/14 medical report identifies a course of six additional Psychotropic medication consultations, once every three months, is estimated to be necessary to achieve the goals of maintaining the patient's sleep and elevating her mood and motivation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Psychotropic Medication Management 1 Session Per Month for 6 Months, QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: ODG Treatment, Integrated Treatment/ Disability Duration Guidelines, Mental Illness & Stress, Office Visits; Wallace, 2004; Dixon, 2008.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office visits.

Decision rationale: MTUS does not address the issue. ODG identifies that 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 that the determination of necessity for an office visit requires individualized case review and assessment, as criteria necessary to support the medical necessity of medication management visits. Within the medical information available for review, there is documentation of diagnoses of major depressive disorder, single episode, moderate and psychological factors affecting medical condition. In addition, there is documentation that the patient is receiving psychotropic medications and a rationale that six additional Psychotropic medication consultations, once every three months, is estimated to be necessary to achieve the goals of maintaining the patient's sleep and elevating her mood and motivation. However, the proposed number of psychotropic medication management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Monthly Psychotropic Medication Management 1 Session Per Month for 6 Months, QTY: 6.00 is not medically necessary.