

Case Number:	CM14-0070200		
Date Assigned:	08/06/2014	Date of Injury:	10/04/2001
Decision Date:	09/10/2014	UR Denial Date:	04/22/2014
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 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:

This is a 55 year old male with date of injury 10/4/01. Per progress report dated 3/18/14, the injured worker complained of increased depression since his psychotropic medications were not delivered on time. He stated "I felt a big imbalance with my emotions and my visions. I also had severe chest pains which scared me a lot. I hope I always get my medicine on time. He was diagnosed with severe single episode major depressive disorder with psychotic features. He was taking Prozac 40mg #30, Mirtazapine 15mg #30, Risperdal 2mg #90, Congentin 0.5 #30. The date of UR decision was 4/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Sessions Psychopharmacology Management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

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 & Stress, Office Visits.

Decision rationale: The MTUS is silent on psychiatric medication management. Per ODG TWC: "Office visits are recommended as determined to be medically necessary. The need for clinical

office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self-care as soon as clinically feasible."In light of the injured worker's exacerbation of symptoms secondary to not receiving his medications on time, psycho-pharmacology management is appropriate. One psycho-pharmacology management session would be appropriate to assess the injured worker's progress, with further sessions to be determined on an as needed basis. As the request is for 3 sessions, the request is not medically necessary.