

Case Number:	CM14-0070821		
Date Assigned:	07/14/2014	Date of Injury:	07/22/1992
Decision Date:	08/27/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 Child & Adolescent 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:

The injured worker is a 47 year old male who suffered an injury at work on 7/22/92. He fell from an 8 feet loft, sustaining a fractured left clavicle, a head injury, and left ear hearing loss. The injured worker underwent surgeries which included a lobectomy and left shoulder bone graft, and in 2012 a hearing implant. He subsequently developed cognitive difficulties, depression and anxiety symptoms. The injured worker was diagnosed with Major Depression, Post Traumatic Stress Disorder, Cognitive Disorder and a history of Alcohol Dependence. He was receiving psychotropic medications, which included Sertraline and Risperidone. The treating psychiatrist's 4/22/14 progress note documented that the injured worker was feeling anxious, depressed, angry, with impaired concentration. The injured worker is morbidly obese.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Medication Management (Once a week Every 6 weeks): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7-Independent Medical Examinations and Consultations.

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

Decision rationale: The MTUS Guidelines indicate that the frequency of follow-up appointments is determined by the severity of symptoms, the need to assess the efficacy of medication, whether the injured worker continues to be missing work, and the presence of any significant side effects. The treatment plan should be individualized to the specific clinical needs of the injured worker. The limited clinical information provided does not indicate the presence of severe ongoing mental health symptoms, any significant medication side effects, any medication adjustments, or any specified work issues. Psychotropic medication management is important in the treatment of mental health conditions. The injured worker is diagnosed with Major Depression and PTSD, which are both mental health disorders. Based on the 4/22/14 clinical report, there is no compelling rationale for weekly medication management sessions. Therefore, the request for 8 sessions of weekly sessions over 6 weeks is not medically necessary.