

Case Number:	CM14-0073476		
Date Assigned:	09/05/2014	Date of Injury:	04/19/2011
Decision Date:	10/17/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/20/2014

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 & Neurology, Addiction Medicine, has a subspecialty in Geriatric 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 50-year-old male who reported an injury on 04/19/2011, when he slipped while stepping out of his work truck. He sustained injuries to his left knee. The injured worker's treatment history included initial evaluation, x-ray, MRI studies, arthroscopic surgery, cortisone injections, psychotherapy sessions, and medications. Within the documentation submitted, the injured worker past sessions with the Vocational Counseling component of pain management program back in 11/02/2012. The injured worker was evaluated on 05/08/2014, and it is documented that the injured worker continued motivational problems getting out of his room. The provider noted certainly, depression contributed to this but also he lacks purpose at this time. It was documented he has been fighting less with his daughters and he has helped keep the family more positive. Medications included Lexapro and Wellbutrin. The injured worker was having psychotherapy sessions. The request for authorization dated 05/08/2014 was for medication management. Diagnoses included major depressive disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management 4 monthly sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The request is not medically necessary. Per the Official Disability Guidelines (ODG), office visits are recommended based on patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicated that the injured worker is already receiving psyche therapy sessions. Moreover the injured worker has been receiving psychotherapy sessions and Vocational Counseling component of the pain management since 11/12/2012. There was lack of evidence of long-term goals for the injured worker. Furthermore, efficacy of medications. Therefore, the request for medication management 4 monthly sessions is not medically necessary.