

Case Number:	CM14-0078720		
Date Assigned:	07/18/2014	Date of Injury:	07/13/2001
Decision Date:	08/18/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 and 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 38 year old female who was injured at work on 7/13/2001. The injured worker was working as a manager at a coffee shop and reached up to lift a binder file, sustaining sudden severe back pain. The injured worker subsequently experienced continued pain. Treatment provided included physical therapy, aquatherapy, analgesic medications, as well as several lumbar spinal surgeries, including a microdiscectomy in July 2011, a lumbar fusion in December 2011, and removal of orthopedic hardware in January 2013. After the surgeries in 2011, the injured worker complained of depressive symptoms due to the persistent pain. These symptoms included sadness, insomnia, irritability, anxiety, apathy, and social withdrawal. In addition, the injured worker has a history of superficial skin cutting to alleviate stress. She received individual outpatient psychotherapy and psychiatric medication management. She was prescribed the psychotropic medications Venlafaxine, Mirtazapine, Valium and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management times 16 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 and Stress, Office Visits.

Decision rationale: MTUS is not applicable. The ODG guidelines indicate that the provision of psychiatric medication management is an important component of the treatment plan when managing the prescribing of psychotropic medications. In order to ensure safety and efficacy, psychotropic medications need periodic monitoring and assessment of progress in order to ensure that the medications are providing benefit to the injured worker. The guideline does not provide specific recommendations but instead acknowledges that the treatment plan must be individualized to each case, based on the current clinical symptoms and response to the prescribed medications, which will determine the required frequency of appointments for monitoring purposes. The initiation and adjustment of psychotropic medications takes at least several weeks in order to produce clinically meaningful effects, so that the request for weekly sessions would not be appropriate. There is no documentation that the injured worker is undergoing a major clinical deterioration or suffering from serious adverse side effects from the prescribed medications, so that there is no compelling rationale for weekly sessions. The request is therefore not medically necessary.