

Case Number:	CM14-0087927		
Date Assigned:	07/23/2014	Date of Injury:	06/16/2005
Decision Date:	09/30/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/11/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder (MDD), insomnia, and chronic pain syndrome reportedly associated with an industrial injury of June 16, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated June 9, 2014, the claims administrator partially certified a request for psychotropic medication management and treatment once a month for each of six months to psychotropic management visit once a month for six months. Unspecified treatments, however, were denied. The claims administrator invoked non-MTUS ODG guidelines in its partial certification despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a March 10, 2014 psychiatry progress note, the applicant reported ongoing issues with stress, depression, and tearfulness. The applicant was reportedly sleeping six hours a night, it was stated. The applicant was given renewals of Paxil, Ativan, and Klonopin. The applicant was asked to remain off of work until "released by physician." Continued psychiatric treatment was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly psychotropic medication management and treatment; one (1) session per month for six (6) months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, MENTAL ILLNESS & STRESS CHAPTER, OFFICE VISITS.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be determined by the severity of an applicant's symptoms and an applicant's work status. In this case, the sole mental health progress note provided seemingly suggested that the applicant's mental health issues were somewhat stable, at least in terms of insomnia. Thus, the limited information on file suggests that the applicant's mental health issues are not of sufficient severity to warrant monthly medication office visits for each of six months. Furthermore, the request for monthly medication management office visits for each of six months also does not take into consideration the fact that the applicant could either decompensate or improve. If, for instance, the applicant decompensates, then office visits at a frequency more frequent than once monthly would be indicated. Conversely, if the applicant stabilizes and/or her mental health issues abate, less frequent follow-up visits would be indicated. The six monthly management visits, then, cannot be supported as they do not factor into account the individual circumstances of the applicant's case and/or the severity of the applicant's mental health issues. Therefore, the request of monthly psychotropic medication management and treatment; one (1) session per month for six (6) months is not medically necessary and appropriate.