

Case Number:	CM14-0099194		
Date Assigned:	07/28/2014	Date of Injury:	01/20/2011
Decision Date:	08/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 Neurology and Child and 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 62-year-old male who suffered a cumulative work injury due to stressors at work. The injured worker developed severe psychological symptoms of depressed mood, tearfulness, social withdrawal, anxiety, erectile dysfunction, and insomnia. He was diagnosed with Major Depression. According to the treating physician's march 11, 2014 report, the injured worker reported worsening depressed mood and tearfulness. He was prescribed the medications Prozac, Ativan, Lunesta and Cialis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Psychotropic Medication Management Session per month for 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.

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, Officevisits.

Decision rationale: The MTUS Guidelines is not applicable. The ODG indicate that psychotropic medication management is an important component of the treatment plan for

individuals suffering from depressed mood secondary to chronic pain. The injured worker is diagnosed with Major Depression and is prescribed a number of psychotropic medications. The provision of psychotropic medication management is an appropriate treatment modality. However, the request for six monthly appointments at this stage in the treatment would be premature. Instead, it would be appropriate to begin with an initial one to two sessions one month apart. The frequency of subsequent sessions would then need to be determined by the severity of the injured worker's symptoms, progress in treatment, and medication side effects. Therefore, based on the injured worker's response to treatment, the subsequent frequency of sessions may not need to be monthly but instead less frequent, so that the request is not medically necessary on that basis.