

<b>Case Number:</b>	CM13-0027305		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	10/13/1999
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on 10/13/99. She reports anxiety, depression and low self-esteem. Treatments to date include medications and psychiatric treatments. Diagnoses include major depression and pain disorder. In a progress note dated 07/22/13 the treating provider recommends medication management every 6 weeks for 48 weeks. On 09/10/13 Utilization Review non-certified the request, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION MANAGEMENT TIMES 8 SESSIONS OVER 48 WEEKS, 1 SESSION EVERY 6 WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Office Visits- Pain chapter

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As

patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant had been on medication s for depression and had been under the care of a psyhciatrist for nearly 2 years. The medications require routine follow-up and the clinician antipated the claimant would need tol follow-up routinely for the year for medication and clinical response. The request therefore is appropriate and medically necessary.