

Case Number:	CM14-0010342		
Date Assigned:	02/21/2014	Date of Injury:	10/19/2011
Decision Date:	03/31/2015	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/28/2014

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. 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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old female whose date of injury is 10/19/2011. In a request for authorization dated 02/05/2014, there is reference to a psychological re-evaluation of 10/24/2013. At that time she denied current depression, reported anxiety that was less intense and less frequent. Her anger and irritability had worsened and she continued to have difficulty sleeping. She was tearful when thinking about what happened at work, had difficulties with memory, concentration, focus, and decision making. She felt less motivated to be active. She was prescribed citalopram and Klonopin by Dr. [REDACTED] (psychiatrist), but had difficulty keeping appointments with him so her primary care physician prescribed these medications for her. He also gave her lorazepam for sleep. Current diagnoses included Anxiety Disorder Unspecified with Depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTROPIC MEDICATION MANAGEMENT FOR 6 MONTHLY SESSIONS:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS is silent regarding psychotropic medication management. Official Disability Guidelines Mental Illness & Stress Office Visits Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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.

Decision rationale: The patient is on medication management for her anxiety disorder. Community standard dictates that follow up is essential to monitor for side effects, efficacy, drug: drug interactions, clinical stability and any changes in the patient's status, etc. However, the frequency of these visits is based on the needs of the individual and what medication the patient is prescribed as some require closer monitoring than others. This request is therefore noncertified.