

Case Number:	CM14-0123440		
Date Assigned:	08/08/2014	Date of Injury:	07/16/1991
Decision Date:	01/02/2015	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 is licensed to practice in Illinois and Wisconsin. 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 patient is a 65 year old female who was injured in 1991. The patient has a diagnosis of bipolar disorder. Medications include Abilify 5 mg BID, Xanax 0.25 mg TID, Cymbalta 120 mg daily, Temazepam 15 mg at hs, and Trazodone 200 mg at hs. The provider has requested for psychotherapy sessions as well as medication management sessions. According to the data submitted for review, monthly medication management sessions are planned. Unfortunately the provider did not request a specific number of sessions. The previous reviewer modified the request to one medication management session only. This is an independent review for the unmodified request for an unspecified number of medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medication management sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Summary of Medical Evidence Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: It is clear from the review that ongoing medication management is indicated. It appears that the provider has been and plans to continue seeing the patient at one month intervals. The previous reviewer modified the request to include one medication management session in a three month time period, which is not incongruent with usual and customary best practice standards for patients who are stable psychiatrically. Unfortunately the request is open ended in regards to the number and frequency of sessions planned and the provider did not supply sufficient data to prognosticate how many more the patient will need. The progress note from the last documented visit to the provider from DOS 7/18 indicates a sad and anxious mood but no other abnormalities in the patient's mental status. No labs were ordered. The patient is on the same medication regime as she was in April and there is no indication of planned titration or other changes in medications. The medications prescribed do not require monitoring of blood levels or adjunctive labs and by all indications the patient was stable at the time of the last documented psychiatric visit. Furthermore State of California MTUS indicate that benzodiazepine use should be limited to 4 weeks. and this patient has been on Xanax and temazepam since at least April. In any case an additional session is covered and further sessions can be authorized as needed based on additional clinical information. ODG indicate that office visits are recommended as determined to be medically necessary. Given the above data as well as the lack of information on how many sessions are requested, medical necessity for the open ended service as requested cannot be established according to current generally accepted standards of medical practice.