

<b>Case Number:</b>	CM14-0190235		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 licensed in Psychology 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:

This 54 year old female sustained a work related injury on 03/20/2012. The mechanism of injury was not made known. According to progress notes dated 04/15/2014, the injured worker had ongoing low back pain with stiffness and neck pain radiating down the arms and hands with numbness, stiffness and muscle spasms. The injured worker had completed 6 sessions of physical therapy with 30 percent improvement. Therapy treatment notes were noted submitted for review. Continued physical therapy was recommended. As of progress notes dated 07/08/2014, the provider noted that the injured worker was doing about the same. Naproxen and Celebrex was renewed. They were awaiting a foam collar. As of an office visit dated 08/19/2014, the injured worker complained of ongoing low back pain that radiated down both lower extremities. Pain was noted as significant. According to the provider, exercise was encouraged but somewhat limited. An epidural steroid injection was recommended for the lateral recess stenosis to see if it helped to reduce symptoms. The injured worker was totally temporarily disabled. Diagnoses listed on a request for authorization dated 10/28/2014 included major depressive disorder, pain disorder associated with both psychological factors and a general medical condition, insomnia and panic disorder with agoraphobia. Progress notes submitted for review only made notation of the use of Naproxen and Celebrex. On 11/04/2014, Utilization Review non-certified 8 medication management sessions (1 time every 6 weeks for 52 weeks) that was requested on 10/28/2014. According to the Utilization Review physician there was no documentation of salutary symptomatic, functional or behavior effect and/or possible alteration of treatment plan. There was no evidence of plan for fully weaning from Klonopin (notation of a small reduction on 10/13) noting that chronic use of this is inconsistent with various guidelines and other evidence and no exception adequately detailed in the record. It was not clear what other non-psychotropic medications that the injured worker was using and there was no

documentation of coordination with the psychotherapy. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **8 Medications Management Sessions (52 weeks): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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 Chapter

**Decision rationale:** The CA MTUS does not address medication management sessions therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Other than the RFAs dated 10/28/14, there are no records submitted for review from requesting provider, [REDACTED]. Without any supporting documentation to substantiate the request for medication management sessions, the need for a medication management office visit, let alone 8 of them, cannot be determined. As a result, the request for "8 Medications Management Sessions (52 weeks)" is not medically necessary.