

Case Number:	CM14-0200879		
Date Assigned:	12/11/2014	Date of Injury:	08/15/2006
Decision Date:	01/28/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	12/01/2014

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 Occupational Medicine 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:

Injured worker is a male with date of injury 8/15/2006. Per primary treating physician's progress report dated 8/6/2014, the injured worker's status remains unchanged. He sleeps 5-6 hours per night and reports that medications are helpful. He walks five miles three days per week. The injured worker has been taking medications for years and the provider indicates that they continue to be medically necessary. Diagnoses include 1) major depressive disorder, single episode, moderate, and psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Other: monthly psychotropic medication management & treatment, 1 session per month for 6 months: Overturned

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

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

Decision rationale: The injured worker has been injured for over eight years and is taking medications chronically that require periodic evaluation. The MTUS Guidelines recommend frequency of follow-up visits to be determined by the severity of symptoms, whether the patient

was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a midlevel practitioner every few days for counseling about coping mechanisms, medication use, activity modifications, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified- or full-duty work if the patient has returned to work. Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. Monthly follow up appointments for medication management are appropriate and supported by the MTUS Guidelines. The claims administrator modified to request to three months instead of six months. The injured worker has required these visits for years. Medical necessity of this request has been established. Therefore, the request for monthly psychotropic medication management & treatment, 1 session per month for 6 months is determined to be medically necessary.