

<b>Case Number:</b>	CM14-0049598		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/22/2002
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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:

The injured worker is a 62 year old male who sustained an industrial injury on 07/22/2002. He has dyspepsia, sleep apnea, diverticulitis, hypertension, and is status post irrigation, debridement of lumbosacral wound, anterior disk resection L3-4, and L4-S1 fusion laminectomy. On 02/13/2014, his diagnosis was major depressive disorder, moderate. His depression was worse and he was tearful. He was on Zoloft, Ambien, and Atarax for over five years. The treatment plan stated that medications, telephone consults and psychiatric and social services will be needed until the medication regimen is optimized. A request for authorization was submitted for monthly psychotropic medication management (1 session/month, 6 months). UR of 04/09/2014 noncertified the request. No further records were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Monthly psychotropic medication management (1 session/month, 6 months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines 11th edition 2013. Mental Illness & Stress, Cognitive Behavioral Therapy; Official Disability Guidelines Psychotherapy Guidelines.

**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.

**Decision rationale:** Office visits are recommended. The frequency and number should be individualized based on the patient's clinical situation stability, current medications, reasonable physician judgment, and current condition. No further records were provided for review and it is not known what the patient's current condition or status is. This request is not medically necessary.