

<b>Case Number:</b>	CM15-0003049		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/29/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Texas  
Certification(s)/Specialty: Psychologist

### 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 54-year-old male who reported an injury on 08/29/2013. The mechanism of injury was not specifically stated. The current diagnoses include anxiety disorder and psychological factors affecting medical condition. The latest psychotherapy note submitted for this review was documented on 09/24/2014. The injured worker reported depressed, sleep disorder, anxiety, and decreased libido. Objective findings were not provided. It was noted that the injured worker did not want any medication. Treatment recommendations were not provided at that time.

### 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 time a month for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Office Visits

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

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state the frequency of followup visits may 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. According to the documentation provided, the injured worker does report symptoms of depression, insomnia, anxiety, and decreased libido. However, the injured worker indicated that he did not want any medication. There was no current medication list provided. The medical necessity for monthly psychotropic medication management sessions has not been established in this case. As such, the request is not medically appropriate.