

Case Number:	CM15-0107475		
Date Assigned:	07/17/2015	Date of Injury:	10/16/2000
Decision Date:	08/13/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/04/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 52 year-old male, who sustained an industrial injury on 10/16/2000. He reported falling backwards with an immediate onset of pain in his neck, back and right shoulder. Diagnoses have included major depressive disorder single episode, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included physical therapy, magnetic resonance imaging (MRI), right shoulder surgery and medication. According to the narrative report on medication management dated 3/16/2015, the injured worker complained of persistent symptoms of depression, anxiety and stress-related medical complaints. Reported improvements included concentrating better, sleeping better, less yelling, less fatigued, less depressed, less nervous and less panicky. Observed behaviors included visible anxiety, depressed facial expression and soft spoken. Authorization was requested for 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent Medical Examination and Consultations ACOEM Practice Guidelines Second Edition Chapter 7 Page 127.

Decision rationale: According to ACOEM Practice Guidelines, Independent Medical Examination and Consultations Chapter, consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and parent residual loss and or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. A referral to a specialist may be needed if the diagnosis is uncertain or extremely complex, if psychological factors are present, or when the plan or course of care may benefit from additional expertise. The patient have multiple mental and health complaints that may require several follow up visits. However the number of these follow up cannot be determined by without have the outcome of the first visit. Therefore, the request is not medically necessary and only the one visit can be approved.