MAXIMUS Federal Services

Case Number:	CM13-0048922		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2010
Decision Date:	04/30/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/06/2013

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 Psychology and is licensed to practice in Texas. 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:

The injured worker is a 61-year-old male who reported injury on 07/29/2010. The mechanism of injury was the injured worker stepped on an electrical pipe and fell backwards, catching himself with his right hand but injured his neck and low back. The documentation of 09/05/2013 revealed the injured worker was not better, but he was sleeping better. The injured worker was depressed, so the Nortriptyline was going to be increased. The injured worker's mood was noted to be still very depressed and appropriate affect. The request, per the submitted documentation, was to reinstate psychiatrist visits for antidepressant medications. The diagnosis included other and unspecified episodic mood disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

REINSTATE PSYCHIATRIST VISITS FOR ANTIDEPRESSANTS MEDICATION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1062-1068.

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& STRESS CHAPTER, OFFICE VISITS

Decision rationale: Official Disability Guidelines recommend office visits with a health care provider that are individualized based on the review of the patient's concerns, signs and symptoms, clinical stability, and reasonable judgment. The determination of necessity for an office visit requires individualized case review and assessment and, based on what medications the injured worker is taking, a set number of visits per condition cannot be reasonably established. The documentation submitted for review failed to provide the PR-2 or the DWC Form RFA to request the treatment. Additionally, the request as submitted failed to indicate the quantity of psychiatrist visits being requested and the medications the injured worker was taking to support the necessity. Given the above and the lack of documentation, the request to reinstate psychiatrist visits for antidepressants medication is not medically necessary.