

<b>Case Number:</b>	CM13-0065823		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for adjustment disorder with mixed anxiety and depressed mood reportedly associated with an industrial injury of December 26, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; earlier lumbar fusion surgery; anxiolytic medications; unspecified amounts of physical therapy; unspecified amounts of psychotherapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated December 2, 2013, the claims administrator partially certified a request for five-medication management as two medication management visits. The applicant's attorney subsequently appealed. In an October 4, 2013 psychiatry progress note, the applicant's psychiatrist noted that more frequent follow-up visits were noted owing to the applicant's poor initial response to Prozac. The attending provider stated that he would see the applicant less frequently when the applicant was stabilized on his psychotropic medication regimen. The applicant's current psychotropic medication profile included Paxil and Klonopin, it was noted. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an August 2, 2013 psychiatry note, the applicant was given a diagnosis of depressive disorder with resultant Global Assessment of Functioning (GAF) of 60. The applicant was asked to start Prozac and Klonopin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**5 Medication Management Visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, the frequency of follow-up visits should be dictated by the severity of an applicant's symptoms and/or whether or not an applicant is missing work. In this case, the applicant's symptoms are reportedly severe and not optimally managed through the applicant's current psychotropic medication regimen, the treating provider has posited. The applicant is seemingly off work. Obtaining more frequent follow-up visits is indicated, given the applicant's seemingly poor response to earlier psychotropic medications. Therefore, the request is medically necessary.