

Case Number:	CM14-0115913		
Date Assigned:	08/04/2014	Date of Injury:	12/03/2009
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/23/2014

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. The expert reviewer is Board Certified in Psychiatry 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:

Injured worker is a 61 year old female with date of injury 12/3/2009. Date of the UR decision was 8/24/2014. Mechanism of injury was described as being held at gun point and was hit in the head with a gun and she was kicked in the face and left side of the face and encountered a fall as well. Report dated 6/17/2014 listed subjective complaints as depression, irritability, periods of crying and sleep disturbance. He was given the diagnosis of Post Traumatic Stress Disorder, chronic; Major Depression, single episode, moderate to severe, non psychotic and and Pain Disorder associated with both Psychological factors and General Medical Condition. The psychotropic medications being prescribed by the provider according to that report were Citalopram 20 mg daily, Ativan 0.5 mg twice daily and Topamax 50 mg twice daily. The treatment plan per the report suggested that the injured worker was stable and should continue the current medications in order to avoid relapse/deterioration of her condition and a follow up visit in 6-8 weeks was suggested. Her Beck Depression Inventory score on 6/17/2014 was 33.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress.

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, Office visits Stress related conditions.

Decision rationale: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "The submitted documentation suggests that the injured worker was diagnosed with Post Traumatic Stress Disorder, chronic; Major Depression, single episode, moderate to severe, non psychotic and Pain Disorder associated with both Psychological factors and General Medical Condition. The psychotropic medications being prescribed by the provider according to that report dated 6/17/2014 were Citalopram 20 mg daily, Ativan 0.5 mg twice daily and Topamax 50 mg twice daily. The treatment plan per the report suggested that the injured worker was stable and should continue the current medications in order to avoid relapse/deterioration of her condition. The request for Medication Management is not medically necessary at this time, as it does not specify the number, frequency or duration of sessions being suggested. It has been suggested that she had been stable with the current regimen of medications.