

Case Number:	CM14-0118348		
Date Assigned:	09/15/2014	Date of Injury:	06/22/2009
Decision Date:	10/15/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/29/2014

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 Neurology, 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:

According to the records made available for review, this is a 53-year-old female with a 6/22/09 date of injury. At the time (6/5/14) of request for authorization for Psychiatric sessions, 6 sessions per year, there is documentation of subjective (10-15 pound weight gain and report that Bupropion XL has helped with her mood, energy, and attention although she still sleeps a lot, avoids leaving house intermittently, and has memory deficits) and objective (alert and oriented x4, mild psychomotor retardation, some sadness, no rumination, no hallucinations, denies suicidal ideas, insight fair, and no gross cognitive deficits) findings, current diagnoses (major depressive disorder, recurrent, severe, pain disorder with agoraphobia, pain disorder associated with both psychological factors and a general medical condition), and treatment to date (psychotherapy and medications (including ongoing treatment with Venlafaxine, Lamotrigine, Zolpidem, Alprazolam, and Bupropion XL)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric sessions, 6 sessions per year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Office visits

Decision rationale: MTUS reference to ACOEM Guidelines identifies that given the complexity and increasing effectiveness of available antidepressant agents, referral for medication evaluation may be worthwhile. ODG identifies that 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 that the determination of necessity for a medication management visit requires individualized case review and assessment. Within the medical information available for review, there is documentation of diagnosis of major depressive disorder, recurrent, severe, pain disorder with agoraphobia, pain disorder associated with both psychological factors and a general medical condition. In addition, there is documentation that the patient is receiving psychotropic medications. However, the proposed number of medical management sessions exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for Psychiatric Sessions, 6 sessions per year is not medically necessary.