

Case Number:	CM14-0168428		
Date Assigned:	10/16/2014	Date of Injury:	04/19/2011
Decision Date:	11/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 51 year old male with a date of injury on 4/19/2011. His injury was a torn meniscus for which he has had cortisone injections, then arthroscopic surgery in 2011 and an osteotomy in 2012. This was followed by an infection and more surgery. He has had a residual depression which has been addressed with antidepressant medication and counseling. The injured worker has been seeing a psychiatrist about once a month and a therapist twice a month. The depression has worsened. A recommendation was made to include the injured worker in a more intensive outpatient therapy program. Per the documentation dated 8/21/ 14 the injured worker had been authorized for and additional six sessions of psychotherapy plus medication management. It is noted that as of early July 2014 the injured worker was showing some improvement in mood with Wellbutrin added to Lexapro. It is on the note dated 8/28 that the injured worker is described as worsening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 6 Visits with Psychiatrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS) guidelines, injured workers with serious psychiatric disorders, which would include major depression, should undergo an initial assessment by a psychiatrist to ensure optimal treatment. The Medical Treatment Utilization Schedule (MTUS) does not establish a set number of psychiatric visits for medication management nor a recommended frequency beyond the judgment of the clinician. However, monthly medication management intervals meet the professional standards. Chapter 15 of the ACOEM Guidelines also recommends mental health treatment in cases where psychotropic medication is indicated. The denial is based upon the premise that the injured worker has shown some improvement with the current medication regimen which may lead to a conclusion of treatment prior to six months of monthly visits. Indeed it is at least likely that with continued management of pharmacotherapy for the proposed modification of three months of monthly visits, the sessions can be reduced in frequency. Based upon the provided clinical information and applying the Medical Treatment Utilization Schedule (MTUS) guidelines, the service under review is not medically necessary.