

Case Number:	CM15-0015880		
Date Assigned:	02/04/2015	Date of Injury:	08/16/2013
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Illinois

Certification(s)/Specialty: Psychiatry

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 50-year-old female who reported an injury on 08/16/2013. The mechanism of injury involved a fall. The injured worker is currently diagnosed with major depressive disorder. The injured worker presented on 10/06/2014 with complaints of ongoing difficulty regarding her treatment. There was no mental status examination provided; however, it was noted that the injured worker was severely depressed and anxious. The treatment recommendations at that time included cognitive behavioral therapy and psychotropic medication management. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued outpatient psychotropic medication management (Quantity not specified):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7, page 127 regarding Independent Medical Examinations and Consultations

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state frequency of followup visits may be determined by the severity of symptoms, whether the patient has been referred for further testing and/or psychotherapy, and whether the patient is missing work. In this case, there was no documentation of a recent psychological examination. It is unclear whether the injured worker is currently attending outpatient psychiatric treatment. The specific type of psychotropic medication was not listed in the request. The current medication list was not provided within the documentation. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.