

<b>Case Number:</b>	CM15-0111895		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	01/06/2000
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: California, Arizona, Maryland  
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 63 year old female, who sustained an industrial injury on 01/06/2000. She has reported subsequent neck, back and shoulder pain as well as anxiety and depression and was diagnosed with post traumatic stress disorder. The only documentation submitted consists of psychological update reports. Treatment to date has included psychotherapy and cognitive behavioral therapy. In a progress note dated 04/30/2015, the injured worker complained of a profoundly depressed mood and severe anxiety. The injured worker's diagnosis and medications were being questioned. No objective findings were documented. A request for authorization of 6 medication management sessions was submitted but the specific reason for the request is unclear.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Management sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Mental health services.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress Topic: Office visits.

**Decision rationale:** ODG states "Office visits are recommended as determined to be medically necessary. The need for clinical office visit with a health care provider is individualized based upon the review of patient concerns, signs, symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications 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 health care system through self care as soon as clinically feasible." Per the most recent report dated 4/30/2015, the injured worker's depression has been described to have replaced as her medications had not been authorized. She had been prescribed Pristiq 100 mg daily, Nuvigil 150 mg daily, Xanax 0.5 mg twice daily as needed and Ambien 10 mg at bedtime. Medications such as Ambien, Xanax and Nuvigil are not indicated for long-term use as they have potential for abuse and tolerance to these medications develops over time. The request for 6 Management sessions is not medically necessary. It is to be noted that the UR physician authorized 2 sessions.