

Case Number:	CM15-0117911		
Date Assigned:	06/26/2015	Date of Injury:	05/05/2011
Decision Date:	07/27/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58-year-old male who sustained an industrial injury on 5/5/2011 resulting in low back pain and, subsequently, depressed mood and insomnia which he reported being due to chronic pain. The injured worker was diagnosed with major depressive disorder, single episode, severe with psychotic features; adjustment disorder with anxiety; insomnia; and 5/29/15 GAF score of 54. Treatment has included Remeron, Lunesta, Wellbutrin, Seroquel, Trazodone, Temazepam, and Norco. He has also received individual cognitive behavioral therapy and attended pain management group therapy. The injured worker reports psychotherapies have helped him develop pain coping management skills and that, in conjunction with medications, have improved sleep and mood. Changes in medications continue to result in insomnia. The treating physician's plan of care includes 6 psychiatric visits for medication management. Injured worker is not working at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management 6 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. 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. In this case, the claimant has a history of depression and adjustment disorder. The claimant was resistant to treatment and required and the psychiatrist recommended 6 additional individual visits for individual therapy and medication management. The request is appropriate and medically necessary.