

<b>Case Number:</b>	CM15-0119628		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	07/23/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 48 year old male, who sustained an industrial injury on 7/23/2004. Diagnoses include major depressive disorder single episode severe with psychosis, post-traumatic stress disorder, pain associated with both psychological factors and general medical condition. Treatment to date has included medications including Ability, Prozac and Diazepam, and psychotherapy. Per the handwritten Psychiatric Progress Report dated 4/30/2015, the injured worker reported visiting family in Mexico for a few weeks which has lifted his mood. He remains plagued with pain related depression and anxiety. Physical examination described him as anxious, depressed and in obvious physical discomfort. The plan of care included continued medication management and follow up care. Work status is 100% disabled. Authorization was requested for medication management (1x6) for 24 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication management 1 time every 6 weeks for 24 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Office visits, Cognitive therapy for depression.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7- Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Guidelines state office visits and follow-ups are determined to be medically necessary and play a critical role in the proper diagnosis and treatment based on the patient's concerns, signs and symptoms, clinical stability along with monitoring of medications including opiates. Determination of necessity requires individualized case review and assessment with focus on return to function of the injured worker. Submitted reports have not adequately demonstrated acute symptoms or red flag conditions and clinical findings to allow for continued arbitrary follow-up intervention and care and future care with multiple visits cannot be predetermined as assessment should be made according to presentation and clinical appropriateness. The patient continues to treat for chronic symptoms without any acute flare, new injury, or progressive deterioration to predict future outcome; undetermined quantity of follow-up visits is not medically indicated for this chronic injury of 2004. The request for medication management 1 time every 6 weeks for 24 weeks is not medically necessary and appropriate.