

<b>Case Number:</b>	CM15-0125633		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 53 year old female, who sustained an industrial injury on June 21, 2012. She reported physical injury with the development of psychiatric symptoms. The injured worker was diagnosed as having chronic adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included diagnostic studies, psychological testing and psychiatric evaluation. On December 1, 2014, the injured worker complained of intermittent low back pain, intermittent right arm pain and daily jaw pain upon awakening. The injured worker reported her mood as a four out of ten. She reported difficulty falling asleep at night and awakening during the night. She noted feeling that her energy level is decreased, rating it as a three or four out of a possible ten. The injured worker also reported experiencing anxiety episodes occurring in response to certain situations. Treatment recommendations included antidepressant medication, individual psychotherapy, cognitive behavioral therapy and a dental evaluation. On June 10, 2015, Utilization Review non-certified the request for lumbar spine psychotropic medical management times six, citing California MTUS and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotropic Medical Management x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antidepressants.

**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." The injured worker suffers from intermittent low back pain, intermittent right arm pain and daily jaw pain upon awakening and has been diagnosed with chronic adjustment disorder with mixed anxiety and depressed mood. Per report dated 12/01/2014, she is not on any medications that would require such close monitoring needing six office visits. Thus, the request for Psychotropic Medical Management x 6 is excessive and not medically necessary.